

Buddy Profile

When complete, you may hand in this form at the Kids Ministry Welcome Desk, or email to Michelle Bennett at handsandfeetministry@lefc.net.

A buddy is for **any child who could use a little extra support** at church — with or without a diagnosis. We love kids at LEFC! Please fill in whatever applies to your child — it's okay to leave anything that doesn't apply blank.

Turning in this form is the first step! Finding the right buddy can take a little time — thank you for your patience as we prayerfully make a good match.

Family Information

Child's Name:

Age:

Grade:

Parent's Name:

Cell Phone Number:

Parent's Email Address:

Tell us about your child:

Diagnosis (if any):

School Plan:

☐ IEP ☐ 504 Plan

What type of setting is your child in at school? (Please check)

☐ Learning Support ☐ Autistic Support ☐ Mainstream

☐ Other: _____

Do you have: Family-based / wraparound services? **Please explain:**

Strengths/Likes:

Does your child have a special pet, friend, movie, or TV show?

Where might your child need a little extra help?

Check any that apply. Every child is different — there are no wrong answers, and no diagnosis is needed.

Following along

- ☐ Staying focused on an activity
- ☐ Understanding directions
- ☐ Sitting for a lesson or large group

Friends & play

- ☐ Making friends
- ☐ Taking turns and sharing
- ☐ Joining in group games

Changes & routines

- ☐ Moving from one activity to the next
- ☐ Needing a heads-up before a change
- ☐ Unexpected changes to the plan

☐ Other: _____

Feelings & behavior

- ☐ Saying goodbye at drop-off
- ☐ Calming down when upset
- ☐ Feeling worried in new places

Sounds, crowds & senses

- ☐ Loud noises or music
- ☐ Crowded or busy rooms
- ☐ Bright lights, textures, or smells

Communication & self-care

- ☐ Telling us what they need
- ☐ Bathroom help
- ☐ Snack time or eating

Triggers:

Favorite Sensory Items:

Health & Care

Does your child have seizures? How often do they occur? Do we need anything special when they occur? What are signs that one is about to happen?

Allergies:

Medications:

Side Effects:

Supporting Your Child

What would help us understand your child's needs? How do they communicate their needs?

What are your hopes for your child at church? What would a great Sunday look like for them?

I give permission for this form to be shared with: (Please check all that apply)

☐

Kids Ministry Staff

☐

Buddy

☐

Classroom Shepherds

Parent Signature:

Date: