

Student/Child Information For CrossPointe Church Kids with Special Needs

Thank you for filling out this form. We respect your family's privacy. The information in this form is shared with those involved in caring for your child so they will know and understand any special care needs.

Child's Name: _____ **Birth Date:** ___ / ___ / ____ **Gender:** M F
Father's Name: _____ **Cell Phone:** _____ **Email:** _____
Mother's Name: _____ **Cell Phone:** _____ **Email:** _____
Home Phone: _____ **Names and ages of any siblings:** _____

Medical Care

Does your child have a specific disability, diagnosis, or learning difference?

Description in lay terms:

Does your child receive any therapies (PT, OT, speech, feeding, vision, etc.)?

Description in lay terms:

Is your child taking a medication with possible side effects we should be aware of? No Yes

Name of medication and possible side effects:

Does your child need an Epi-pen in case of an emergency? No Yes

If yes, will you have one on-hand?

Does your child have seizures? No Yes

If seizures occur, please describe:

In the event of a seizure, how would you have us respond?

Breathing problems? No Yes

Please describe:

Heart problems? No Yes

Please describe:

Feeding problems? No Yes

Please describe:

Would you like us to assist your child when eating/drinking? No Yes *Please describe:*

Food/drinks we should not give your child:

Does your child have any allergies that we should be aware of? No Yes

Please list:

Are any of these allergies potentially life-threatening?

Toileting (check all that apply): Independent Wears diapers/pull-ups Requires assistance

Please describe:

Mobility (check all that apply): Walks independently Falls occasionally Uses wheelchair

Uses braces or orthotics Other: _____

Any positioning or mobility concerns:

My child's behavior might indicate a medical problem requiring immediate attention when:

Please provide any other important care instructions:

Vision, Speech, and Cognition

What languages are spoken at home?

My child communicates in the following ways:

- Non-verbal, but vocalizes Non-verbal, but uses signs Non-verbal, but uses augmented communication
Says words Talks in sentences, but may be hard to understand Talks near or at typical level for age
Other: _____

Please describe:

Hearing problems? No Uses hearing aid Uses sign language Uses cochlear implant

Please describe:

Vision problems? No Yes

Please describe:

Following directions: Is unable to follow directions Follows simple one-step directions

Follows two-step directions Has no trouble following directions Other: _____

Does your child read? No Yes *At what level?*

Does your child write? No Yes *At what level?*

Receives Special Education in school? No Yes Included in typical classroom

Some inclusion in typical classroom No inclusion

Social and Behavioral

Child's understanding of God/relationship with Christ:

Past Sunday School/Church experience:

What are your child's strengths?

What are your child's weaknesses?

What things or activities does your child find soothing or enjoyable?

What hobbies or talents does your child have?

What things or activities does your child dislike that could cause distress?

Any special fears?

Does your child have any sensory aversions? No Yes

Please describe:

Behavioral tendencies: Aggression Temper tantrums Running away Yelling Biting Hitting

Refusal to follow directions Pushing Aversion to touch Withdrawal Other: _____

What triggers or escalates these behaviors?

How do you prevent/respond to this/these behavior(s)?

What suggestions do you have for helping your child feel included? *(For example, sit closer to the teacher, don't ask him to read aloud, avoid loud noises, etc.)*

We should contact you if:

Please provide any other information that might be helpful for us to know:

Please sign to give your consent for emergency medical treatment in case of emergency or accident.

Parent/Caregiver: _____ **Date** / /