



Loving Unconditionally Children with Autism & Special Needs

LUCAS Ministry

Child's Name _____

Birthdate _____ Grade _____

School _____

Address _____

E-mail _____ Phone _____

List your child's special needs: _____

Where will you be while your child is in this class? _____

How often is your child with other kids during the week? _____

Please list any special interests that might be helpful for our volunteers to know:

Please list any calming strategies:

Check any applicable information that might be helpful for volunteers to best minister to your child.

- | | |
|---|---|
| <input type="checkbox"/> Short attention span/easily distracted | <input type="checkbox"/> Allergies: List below |
| <input type="checkbox"/> Temper Tantrums | _____ |
| <input type="checkbox"/> Aggressive Behavior | _____ |
| <input type="checkbox"/> Challenges with changes in routine | <input type="checkbox"/> Dietary Restrictions: List below |
| <input type="checkbox"/> Shyness | _____ |
| <input type="checkbox"/> Challenges with following directions | <input type="checkbox"/> Special Bathroom Needs: list below |
| <input type="checkbox"/> Challenges with fine motor skills | _____ |
| <input type="checkbox"/> Difficulty completing activities | <input type="checkbox"/> Medications: list below |
| <input type="checkbox"/> Needs visual presentations | _____ |
| <input type="checkbox"/> Sensory issues | _____ |
| <input type="checkbox"/> Trouble sitting in a group | <input type="checkbox"/> Nonverbal |
| <input type="checkbox"/> Issues with separation anxiety | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Tends to run (wanders) | |
| <input type="checkbox"/> Tends to be possessive | |
| <input type="checkbox"/> Gross Motor Skills (walking, running) | |

Helpful suggestions about your child _____

If your child is nonverbal, please illustrate below signs or cues your child may give our volunteers and what they mean: