



## Questionnaire for Parents of Children with Special Needs

We want to know your child better and make his/her experience in the life of the church the best it can be. We ask that you complete this form so we can better serve you and your child. The information will be used by children and youth ministry leaders and shared on a 'need to know' basis, keeping it confidential. A copy of this form will be kept with the Parental Consent and Medical Form.

Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Child's age: \_\_\_\_\_ Child's grade: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Father's cell phone #: \_\_\_\_\_  
Father's email address: \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Mother's cell phone #: \_\_\_\_\_  
Mother's email address: \_\_\_\_\_

Please check below the children/youth ministries your child is involved in or anticipates being in. (Please refer to the Children's Ministry and Youth Ministry brochures for program descriptions.)

- Sunday Morning: Nursery, Sunday School, Children's Worship, Joyful Jewels, King's Kids
Cascade Station: Nursery, Son Seekers, Cadets, GEMS
Youth Group: High School, Middle School
Tuesday Morning: Nursery, Little Lambs, Story Hour

List any confirmed special needs/disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any that are applicable to your child that teachers/leaders will find helpful to minister to your child: (check all boxes that apply)

- Short attention span/easily distracted
Temper tantrums
Aggressive behavior
Challenges with changes in routine or location
Tendency to run/leave room without permission
Challenges with following directions
Challenges with fine motor skills (cutting, pasting)
Challenges with gross motor skills (walking, jumping)
Difficulty remaining on task/completing activities
Allergies: \_\_\_\_\_
Trouble sitting in groups
Trouble with sensory experiences
Issues with separation anxiety
Shyness
Tendency to be possessive
Difficulty in social settings
Difficulty interacting with peers
Hearing challenges/hearing aides
Severe speech difficulties
Other: \_\_\_\_\_

Do you foresee any challenges with your child participating in church programs? If so, what?  
\_\_\_\_\_  
\_\_\_\_\_

What are some suggestions on how to best handle situations/discipline: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What are some interests and motivating factors your child responds to or enjoys? \_\_\_\_\_

Are there one or two peers or adults that work well with your child?  
\_\_\_\_\_

Any other concerns you would like to share about your child? \_\_\_\_\_

Are there steps you want us to follow in case of a medical emergency? If so, please list.  
\_\_\_\_\_  
\_\_\_\_\_

The information I have supplied is correct to the best of my knowledge. I understand that Cascade Fellowship CRC will use the information to help my child participate in the ministries of the church. I understand that the church leadership is not medically or professionally trained to handle all situations. I am also encouraged to communicate directly with my child's teacher(s)/leader(s).

Parent's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_