



## Super Friends Ministry Welcome Form

Form completed by: \_\_\_\_\_ Date of form completion: \_\_\_\_\_

Child's name: \_\_\_\_\_ Goes By: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Child's age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade \_\_\_\_\_

Is your child mainstreamed? \_\_\_\_\_ Does your child have an aide at school? \_\_\_\_\_

### Contact Info

Mother's/Guardian's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Child lives with:  both parents  mother  father

guardian (please note relationship if applicable) \_\_\_\_\_

Sibling(s) name(s) and age(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family email address: \_\_\_\_\_

Preferred method(s) of contact:  Call  Text  Email

### Emergency Contact

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Is there anyone **not** authorized to pick up your child? \_\_\_\_\_

## Additional Information

Please list any siblings who will also be attending:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

What is your child's diagnosis? (if applicable) \_\_\_\_\_

Diagnosis in laymen's terms: \_\_\_\_\_

Does your child have any primary health concerns we should be aware of?

\_\_\_\_\_

Are there any health problems we might encounter during your child's time at church (i.e., seizure, etc.)? If so, how are they handled?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? If so, what are they? What happens if your child comes in contact with the things he/she is allergic to?

\_\_\_\_\_

\_\_\_\_\_

What is your child's primary placement within the school setting?

Specialized program    Resource Classroom    Full-inclusion

Inclusion with a paraprofessional    Gifted and Talented    Other \_\_\_\_\_

What are the goals you have for your child's development in this coming year (i.e., behavioral, social, academic, etc.)?

\_\_\_\_\_

## Behavior

What things is your child uncomfortable with or has an aversion to?

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What is your child sensitive to? (i.e., indoor/outdoor light, loud sounds, specific textures):

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My child responds to separation from his/her parents (or primary care provider) by:

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A trigger-point for resistance, frustration, or behavioral problems may emerge for your child when:

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When/if your child experiences a period of frustration, he/she is comforted or calmed when:

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In which setting does your child seem most relaxed?

Alone \_\_\_\_\_ With sibling(s) \_\_\_\_\_ With a few peers \_\_\_\_\_ Among many children \_\_\_\_\_

Would your child enjoy a large group worship experience? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your child's greatest challenges in a social setting?

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What would motivate your child?

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What activities does your child enjoy?

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What are your child's strengths? Go ahead and brag!

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**Care Needs** (please check all that apply)

- Vision      Typical      Impaired      Blind
- Hearing      Typical      Impaired      Deaf      Hearing Aid
- Motor      Sits (unassisted)      Head control      Rolls over      Crawls      Walks
- Uses      Crutches      Walker (gait trainer)      Braces (AFOs)      Wheelchair

**Communication**

How does your child communicate with others? Please check all that apply.

- Words     Phrases     Sentences     Babbles     Gestures     Sign Language     PECS
- Other \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Would you say your child understand what others say:

- All of the time     Most of the time     Some of the time
- He/she recognizes voices of familiar people

**Eating Habits** (please check all that apply)

- Self feeds     Self drinks     Uses fork     Uses spoon     Uses hands     Uses bottle
- Uses cup     Requires eating and drinking assistance

Does your child have any food allergies and/or food sensitivities? If so, what are they?

\_\_\_\_\_

Is your child on a special diet? If so, what does that include?

\_\_\_\_\_

**Toileting Skills** (please check all that apply)

- Toilets independently      Potty trained, needs assistance      Requires reminders
- Currently potty training/on a schedule      Diapers      Washes hands independently
- Requires assistance to wash hands

How does your child indicate a need to use the toilet?

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Indicate special toileting needs/schedule:

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**Other Comments**

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**Thank you for taking the time to fill out this invaluable information for us!**

**For The Brook Staff Use:**

Classroom Placement: \_\_\_\_\_

Sidekicks: \_\_\_\_\_

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