



Student Profile

Woodmen Valley Chapel cares for each participant inside our Access ministry. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church leaders and our ministry partners respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a need-to-know basis. Please answer the below questions that apply to your child and that may help our church best minister to your child.

Student Name: _____ DOB: _____

Parent/Caretaker Name(s): _____

Cell Phone Number(s) of Parent/Caretaker(s): _____

E-mail(s) of Parent/Caretaker(s): _____

Student Allergies: _____

Primary Diagnosis: _____

Other Diagnoses: _____

Communication: Verbal Non-Verbal Sign Language Other: _____

Bathroom Needs: Independent Partially-Independent Dependent

Notes _____

History of Seizures: Yes No *If yes, please complete separate Seizure Action Plan

Preferred Setting: Inclusive with Shadow Access Kids Class Access Adult Class

Student Strengths:

Student Area(s) of Need:

Student Needs Assistance with: _____

Student Interests: _____

Dislikes that Should Be Avoided: _____

Early Signs Indicating Escalation: _____

Behaviors Exhibited During Escalation: _____

De-Escalation Tips: _____

Please let us know any other ways we may support you and your student. This could include, but is not limited to, a brief history, family unit information, daily activity information, needs and dreams of your student and family, and/or anything else you would like to share.

The purpose of Access Ministries is to facilitate inclusion inside the life of the church for the individual with additional needs and for their family.

In support of our broader church mission, the goals of the special needs ministry are to lead families affected by unique needs into a growing relationship with Jesus Christ.