



# Irresistible Church Training

For Disability Ministry

Presented by



# Intake Form - Special Needs

These questions allow us to provide the best experience and safest environment for all of our friends within the ministry. Our church leaders and ministry volunteers will respect your family's right to privacy. Any information shared is communicated directly with those caring for your family member and only on a "need to know" basis. If you have any questions, please contact [Insert Name] for more information.

|                     |                  |
|---------------------|------------------|
| Child's Name: _____ | DOB: _____       |
| Age: _____          | Diagnosis: _____ |

Mother's name \_\_\_\_\_ Phone \_\_\_\_\_ Live at home? Y N  
 Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Phone # \_\_\_\_\_ Live at home? Y N  
 Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Siblings? Name \_\_\_\_\_ Age \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_

.....  
 Allergies/Food Sensitivities: Yes  No  If yes, please explain \_\_\_\_\_

Life Threatening?  Yes  No EPI Pen?  Yes  No

Food/drinks to avoid \_\_\_\_\_  
 Assistance needed for eating/drinking?  Yes  No

Prone to Seizures:  Yes  No Other Medical Concerns: \_\_\_\_\_

(Over)

Toileting Needs:  Independent     With Assistance     Wears Diapers

Signs, gestures, words to Indicate toileting Needs \_\_\_\_\_

Medication:  Yes     No    Type and purpose \_\_\_\_\_

Main mode(s) of communication:  Verbal     Visual Supports     Sign Language     Digital Devices

My child is independent with \_\_\_\_\_

My child needs assistance with \_\_\_\_\_

My child is uncomfortable with or has sensitivities to \_\_\_\_\_

Behavior concerns to be aware of \_\_\_\_\_

Trigger-points for frustration/resistance \_\_\_\_\_

Calming tools and aids \_\_\_\_\_

Behaviors that may communicate a specific need (please indicate the need where appropriate) \_\_\_\_\_

Classroom situations you wish to be contacted about \_\_\_\_\_

My child loves to \_\_\_\_\_

Enjoys music?  Yes     No    Enjoys arts & crafts?  Yes     No    Outside play?  Yes     No

Writing?  Yes     No    Reading?  Yes     No

Please describe your child's understanding of and relationship with God \_\_\_\_\_

Goals for your child at church \_\_\_\_\_

Ideas for church to better serve your family \_\_\_\_\_

Additional thoughts or comments \_\_\_\_\_