

Buddy Ministry of Reynoldsburg Community Church

Questionnaire for Families of Children with Special Needs

Our church cares for each participant in children's ministry programming. 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 and our children's ministry workers 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 and your family.

Date _____

I. Please help us get to know your child with special needs

Child's name _____ Grade _____ Age _____ M F

Child lives with: both parents mother father guardian _____

Father's/Guardian's name _____ Cell # _____

Mother's/Guardian's name _____ Cell # _____

Child's **diagnosis, medical condition or learning difference** that we should be aware of:

A goal for my child while participating in the Buddy Program is _____

II. CARE NEEDS

VISION: Typical Impaired Blind

HEARING: Typical Impaired Deaf Hearing Aid

MOTOR: Head control Rolls over Sits Crawls Walks

USES: Walker Crutches Braces Wheelchair

CAN COMMUNICATE WITH OTHERS USING:

Speech: Words Phrases Sentences Babbles Gestures Sign Language

Other (describe): _____

Language spoken at home: _____

CAN UNDERSTAND WHAT OTHERS SAY: All the time Most of the time Some of the time Recognizes voices of family members.

Seizures:

Is your child prone to seizures? Yes No

**If "Yes", please fill out and attach the "RUMC Seizure Action Plan"

ALLERGIES and/or sensitivities: (Drugs, Food, Other)

EATING HABITS: Feeds self by using: spoon fork hands Requires feeding

Bottle fed Drinks from cup: with assistance by self

Special Diet: _____

TOILETING SKILLS:

Toilets independently

Diapers

Currently being potty trained

Potty trained, needs assistance

Frequency/Schedule: _____

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

Indicate special toileting needs/schedule: _____

BEHAVIOR: (check all that apply)

Shy Outgoing

Is sometimes destructive

Plays alone Plays in groups

Sometimes threatens others

Adapts to new situations well

Sometimes hits, bites, or hurts self/others

Adapts to new situations with difficulty

Sometimes attempts to run away or wander

Responds to correction well

Hyperactive and/or ADD

Responds to correction with difficulty

My child responds to separation from his/her parents by: _____

My child processes instruction or information best when (ie: visual, auditory, experiential learner) _____

A trigger point for a possible "melt down" is _____

When my child experiences a "melt down" he/she calms when we _____

My child is best comforted by: _____

My child may be trying to communicate their need for (describe) _____ when

he/she exhibits the following behavior _____

My child lets someone know what he/she wants or needs by: _____

What type of play activities does your child enjoy and/or participate in? _____

My child becomes upset when/or does not enjoy: _____

Are there any additional concerns not already addressed: _____

III. PERMISSION/AUTHORIZATION AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

_____ I have fully disclosed to Reynoldsburg Community Church all pertinent facts about my child's special needs and accept full responsibility for missing information.

_____ I will supply special food, drinks, snacks, and diapers/wipes for my child as necessary.

_____ I will remain on RCC campus during the time my child is participating in any ministry event/program, unless it is specifically designated as a "Respite Event".

_____ I understand the nature of the program and do hereby release Reynoldsburg Community Church and its representatives from any liability due to accident or injury incurred by my child.

_____ I authorize Reynoldsburg Community Church to publish photos of my child (without his/her name) on our RCC website and brochures for promotional purposes only.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each:

SIGNED: _____ DATE: _____

Parent or Guardian