



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 volunteers 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.

Date: _____ Parent Name: _____

Participant Name: _____ DOB: _____

My child has the following diagnosis, medical condition or learning difference:

The goals I have for my child's development this coming year include (behavioral, social, academic, etc.):

My child has the following area(s) of interest:

My child can do these things independently:

My child needs assistance with:

My child is uncomfortable with or has an aversion to:

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

When/if my child's experiences a period of frustration, he/she calms when we:

Doing/Seeing/Experiencing this one thing is an important part of my child's routine:

My child (circle one) does/does not enjoy music.

My child seems most relaxed in settings (circle one):

alone with a few children among many children

My child (circle one) would/would not enjoy a large group worship experience.

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

When he/she exhibits the following behavior:

Other information: