

Questionnaire for Families of Children with Disabilities

PLEASE HELP US BETTER UNDERSTAND YOUR CHILD WITH SPECIAL NEEDS

Child's name _____

Child's date of birth _____ Grade _____ Age _____

Child lives with _____ Both Parents _____ Mother _____ Father _____ Guardian

Father's name _____ Cell# _____

Mother's name _____ Cell# _____

Preferred Email Address _____

Child's primary health concerns we should be aware of _____

Please keep contagious children at home, no symptoms for 24 hrs and if on antibiotics must have been on for 24 hrs. If child shows signs of illness parents will be contacted.

EMERGENCY CONTACT (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (Positive identification must be provided before your child will be released.)

Name _____ Cell# _____

Home # _____ Address _____

Relationship _____

Name _____ Cell# _____

Home# _____ Address _____

Relationship _____

CARE NEEDS

VISION _____ typical _____ Impaired _____ blinded

HEARING _____ typical _____ impaired _____ deaf _____ hearing aid

MOTOR _____ Typical _____ Impaired fine _____ impaired gross

Details _____

USES _____ walker _____ crutches _____ braces _____ wheelchair

Any other specific care needs _____

COMMUNICATES WITH OTHERS

SPEECH _____ words _____ phrases _____ sentences _____ babbles _____ gestures _____ sign language

_____ Pec cards _____ device other(describe) _____

Can understand what others say _____ All the time _____ Most of the time _____ Some of the time

Language spoke at home _____

ALLERGIES (Drugs, Food, Other) _____

EATING HABITS _____ independent _____ needs assistance _____ requires feeding

Drinking _____ bottle _____ sippy cup _____ cup _____ cup w/assistance

Other assistance details _____

FAVORITE SNACK FOODS

TOILETING SKILLS (Note: Parents will be called to perform all assisted toileting needs)

_____ toilets independently _____ currently being potty trained

_____ Potty trained needs assistance

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

Indicate special toileting needs/schedule _____

BEHAVIOR (check all that apply)

_____ Shy _____ outgoing _____ Plays alone _____ plays in groups

_____ Adapts to new situations well

_____ Adapts to new situations w/difficulty

_____ Responds to correction well _____ responds to correction with difficulty

_____ sometime destructive _____ Sometimes threatens others

_____ Sometimes hits/bites/self injuries

_____ sometimes attempts to run

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

My child is best comforted by _____

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 _____

PERMISSION/AUTHORIZATION AGREEMENT: Please read the following statements carefully. initial in the space beside each statement and sign at the bottom indicating that you have read, understand and agree to the provisions.

_____ I have fully disclosed to First Baptist Jensen Beach all pertinent facts about my child's special needs and accept full responsibility for any missing information.

_____ I will remain on the First Baptist Jensen Beach campus and available by phone during the time my child is participating in any Special Needs ministry event/program.

_____ I understand in the event that my child engages in physically aggressive behaviors towards another person/staff and/or self-injurious behaviors, that Restrictive Behavioral Intervention (Hug Hold) may be temporarily necessary. I understand that I will be notified by a First Baptist Jensen Beach Ministry Staff member/lay leader and be required to immediately go to my child's location to assist my child in calming down.

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

SIGNED

DATE

Parent/Guardian

PRINT NAME

AGGRESSION AND ELOPEMENT POLICY

FBJB Kids Special Needs Ministry volunteers have been trained to provide a safe environment for your child, this training has included Aggression and Elopement prevention and/or engagement. We promise to do our very best to provide a safe environment for all children and do everything within our power to ensure your child's safety while in our care. However, if your child should become more than our volunteers can safely handle, we will ask that you accompany your child and offer assistance to our volunteers. If you cannot join your child and our volunteers feel they cannot provide a safe environment for your child and/or others, we will be forced to decline the opportunity of having your child join us in FBJB Kids Special Needs Ministry.

Signed _____

DATE _____

Print name _____

_____ I authorize First Baptist Jensen Beach to publish photos of my child (without his/her name) on any social media platform or printed materials for promotional purposes only.