

PINEVILLE CHURCH

of the Nazarene

Kids PLUS



Questionnaire for Parents of Children with Special Needs

We want to get to know your child better and make his/her experience in the life of the church the best it can be. We ask that you fill out this form so we can better serve you and your child. Any information you provide will be helpful in serving you and your child. This will be used by children ministry leaders and shared on a 'need to know' basis. A copy of this form will be kept with the signed Policies and Procedures Release form.

Child's name: _____ Today's date: _____
Child's age: _____ Child's grade: _____ Child's date of birth: _____
Father's name: _____ Father's cell phone #: _____
Father's email address: _____
Mother's name: _____ Mother's cell phone #: _____
Mother's email address: _____

Allergies: _____

List any confirmed special needs/disabilities:

Please check any that are applicable to your child that teachers/leaders will find helpful to minister to your child:

- | | |
|--|---|
| <input type="checkbox"/> Trouble sitting in groups | <input type="checkbox"/> Difficulty in social settings |
| <input type="checkbox"/> Short attention span/easily distracted | <input type="checkbox"/> Challenges with following directions |
| <input type="checkbox"/> Trouble with sensory experiences | <input type="checkbox"/> Difficulty interacting with peers |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Intellectual/cognitive disability |
| <input type="checkbox"/> Tics/blurting out | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Issues with separation anxiety | <input type="checkbox"/> Challenges gross motor skills (walking, jumping) |
| <input type="checkbox"/> Aggressive behavior | <input type="checkbox"/> Challenges fine motor skills (cutting, pasting) |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Hearing challenges/hearing aides |
| <input type="checkbox"/> Challenges with changes in routine or location | <input type="checkbox"/> Vision problems/glasses |
| <input type="checkbox"/> Tendency to be possessive | <input type="checkbox"/> Speech/communication difficulties |
| <input type="checkbox"/> Tendency run/leave classroom without permission | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Swallowing/feeding difficulties |

If checked above, please explain:

What challenges do you foresee with your child participating in church programs:

What are some suggestions on how to best handle situations/discipline:

What are some interests and motivating factors your child responds to or enjoys:

My child is uncomfortable with or has an aversion to:

Any other concerns you would like to share about your child:

Are there steps you want us to follow in case of a medical emergency? If so, please list:

The information I have supplied is correct to the best of my knowledge. I understand that Pineville Nazarene Church will use the information to help my child participate in the ministries of the church. I understand that the church leadership is not medically or professionally trained and our buddies are on a strictly volunteer basis. Therefore, I am encouraged to communicate directly with my child's teacher(s)/leader(s) and utilize a team approach to caring for my child.

Parent's Signature: _____ Date Signed: _____