



**SPECIAL  
NEEDS  
MINISTRY**

# INTAKE FORM

## **We are so glad you have chosen to join us in Special Needs Ministry!**

In this welcome packet, you will find a family profile, release statement, and a copy of some of our pertinent policies. The medical release we keep on file in case of emergency. If you have any documents from the school district like an IEP or 504 and are willing to share, we appreciate any documents that can help us with best caring for your child. We look forward to seeing you soon!

### **Molly Weaver**

**Special Needs Ministry Coordinator**

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## **CHILD INFORMATION:**

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Developmental Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

## **PARENT/GUARDIAN/FAMILY INFORMATION:**

### **Mother**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Father**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Other Parent/Guardian**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Please list Siblings (Name and Age):* \_\_\_\_\_

Custody concerns: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## CARE NEEDS:

About my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enjoys music? \_\_\_\_ Yes \_\_\_\_ No

Enjoys arts and crafts? \_\_\_\_ Yes \_\_\_\_ No

Outside play or playing on playground? \_\_\_\_ Yes \_\_\_\_ No

Primary health, developmental and/or medical concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Vision:* \_\_\_\_ Typical \_\_\_\_ Impaired \_\_\_\_ Blind

*Hearing:* \_\_\_\_ Typical \_\_\_\_ Impaired \_\_\_\_ Deaf \_\_\_\_ Hearing Aid \_\_\_\_ Cochlear

*Motor:* \_\_\_\_ Head Control \_\_\_\_ Rolls Over \_\_\_\_ Sits \_\_\_\_ Crawls \_\_\_\_ Walks

*Uses:* \_\_\_\_ Walker \_\_\_\_ Crutches \_\_\_\_ Braces \_\_\_\_ Wheelchair

Is your child prone to seizures? \_\_\_\_ Yes \_\_\_\_ No

## COMMUNICATION:

Speech: \_\_\_\_ Verbal \_\_\_\_ Visual Supports \_\_\_\_ Sign Language \_\_\_\_ Digital Devices

\_\_\_\_ Other (please specify): \_\_\_\_\_

*Can understand what others say:*

\_\_\_\_ All the time                      \_\_\_\_ Most of the time

\_\_\_\_ Sometimes                      \_\_\_\_ Recognizes voices of family

## ALLERGIES (Drugs, Food, Other):

\_\_\_\_\_

\_\_\_\_\_

Are they life threatening? \_\_\_\_ Yes \_\_\_\_ No

## EATING/DRINKING:

\_\_\_\_ Bottle \_\_\_\_ Assisted \_\_\_\_ Self \_\_\_\_ G-Tube

\_\_\_\_ Other (please specify): \_\_\_\_\_

\_\_\_\_\_

## TOILETING SKILLS:

\_\_\_ Toilets Independently \_\_\_ Toilets with supervision \_\_\_ Needs Assistance

\_\_\_ Currently being potty trained \_\_\_ Diapers/Pull-ups

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

\_\_\_\_\_

Do they have toileting needs/schedule? \_\_\_\_\_

\_\_\_\_\_

Would you like a staff member or volunteer to assist your child, or would you prefer to be contacted?

\_\_\_\_\_

\_\_\_\_\_

## BEHAVIOR (Check all that apply):

\_\_\_ Is sometimes destructive \_\_\_ Difficulty changing routines \_\_\_ Plays alone

\_\_\_ Difficulty following directions \_\_\_ Sometimes hits, bites, or hurts self/others

\_\_\_ Difficulty with fine motor skills \_\_\_ Tends to run \_\_\_ Tends to be possessive

\_\_\_ Difficulty with transitions \_\_\_ Separation anxiety \_\_\_ Aggressive behavior

\_\_\_ Other (please specify): \_\_\_\_\_

My child is best comforted by: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

When my child gets upset, he/she will: \_\_\_\_\_

\_\_\_\_\_

Helpful special suggestions about your child (rediredt by...): \_\_\_\_\_

\_\_\_\_\_

Trigger points for frustrations/resistance: \_\_\_\_\_

\_\_\_\_\_

Calming tools and aids my child responds to: \_\_\_\_\_

\_\_\_\_\_

How does your child indicate “yes” or “no” when asked if he/she wants something, wants to go somewhere, or wants a person? \_\_\_\_\_

\_\_\_\_\_

Please contact me when: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**PLAN OF SERVICE/GOALS:**

**Classroom Setting:**

- \_\_\_\_ SN Inclusion
- \_\_\_\_ SN Inclusion with Buddy
- \_\_\_\_ SN Self-Contained Class

Goals for weekends: \_\_\_\_\_

\_\_\_\_\_

Goals for the year: \_\_\_\_\_

\_\_\_\_\_

Things we would like to try: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_