

# FHCC Special Needs Ministry



CHILD INFORMATION		
Name:	Birth date:	Age:
Specific Diagnosis:		
Behavioral Safety Concerns (aggressiveness/hitting/biting/running/etc.) if any:		
Attends School:	Placement/Grade:	IEP: If yes, and you are comfortable please attach a copy
FAMILY INFOMRATION		
Parent/Guardian Name(s):		
Address:	City:	Zip:
Home Phone:	Cell Phone: Dad: Mom:	Email: Dad: Mom:
MEDICAL		
Is your child on medication? If yes, and you feel comfortable, please list them.		
Please list any allergies if applicable:	Does your child need an EpiPen?	

## BEHAVIOR

List some of your child's gifts or talents:

Does your child have any needs or behavior triggers that we should know about?

What do you do at home to regulate behavior? Is there a system we should use?

Is there something your child really enjoys? Something we can use for positive reinforcement?

If your child is running away, what is the best thing to do?

What might calm your child?

## FOOD

What are your child's eating habits?

Are there any foods we should avoid?

What are your child's favorite foods?

## INDEPENDENCE

Can your child take care of restroom needs independently?

Does your child wear a diaper?

Does your child dress independently?

Describe any assistance your child might need eating or drinking:

Are there any tasks we should be prepared to help your child accomplish?

## COMMUNICATION

Is your child's speech understandable to people who don't know your child?

Does your child use sign language?

Does your child use a communication device?

How does your child communicate basic needs?

## FAITH

What have been your child's and family's experiences with church?

What Christian concepts does your child understand (God, Jesus, Church, Heaven, etc.)?

How long have you been at Fair Haven (if applicable)?

## EMERGENCY CONTACT INFORMATION

Please list a few people who we could contact in case of an emergency and we are unable to get a hold of you:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ADDITIONAL INFORMATION

Is there anything else you would like us to know?