INSIDE OUT
FBC CANTON SPECIAL NEEDS MINISTRY

Date:_____

# Special Needs Student Information

_____ _____
Child's First & Last Name Birth Date

_____
Address

_____ _____ _____
City State Zip

Resides with: ____ Mom/Dad _____Dad _____Mom ____Other: _____

Mom's Name: _____ Cell #: _____

Mom's Email: _____

Dad's Name: _____ Cell #: _____

Dad's Email: _____

Emergency Contact Name: _____ Cell #: _____

Siblings (names and ages): _____

School your child attends:_____ Grade: _____

Do you want your child to be part of the inclusion program? _____ Yes _____ No

Specific type of disability/disorder (brief description): _____
_____

Check all of the following that apply:
___Self-injurious behavior ____G-tube _____Asthma ____Diabetes

_____ Physical aggression _____ADHA _____Anxiety _____Seizure disorder

Does your child require special equipment? _____Yes _____No
If yes, please explain: _____

Is your child on medication? _____ Yes _____No

Names of medication and type(s): _____
_____

Does your child have allergies (i.e. food)?:_____

Please explain:_____
_____

Eating/Drinking: _____ Bottle _____Assisted _____Self _____G-tube

Please explain: _____

Toileting: ____ Diaper ____Pull-Ups ____Assisted ____Self ____Change of clothes

Please explain: _____

Communication: ____Verbal _____Non-Verbal _Picture/Symbol ____ Assisted technology
____ Sign Language ____Follows picture schedule

Please explain:_____

Vision: _____Vision impaired _____Glasses ____Cane _____Braille ____Large print

Please explain:_____

Auditorily Impaired: ____Hearing Aids ____FM System ____Cochlear Implant

Please explain: _____

Mobility: ____Ambulatory ____Some Adult Assistance ____Walker ____Other:_____
____Non-Ambulatory ____Stroller ____Wheelchair: ___power ___manual
____Crawls ____Moves on knees ____Sits independently: ___chair ___floor

If in a wheelchair or stroller: ____May be taken out: ___chair ___floor ___beanbag

What is your child's developmental age:_____

Reading level: _____ Writing level: _____

What are your child's strengths?_____
_____

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Weaknesses?_____
_____

Fears?_____

Behavior requiring special management: ____Yes ____No
____Runs ____Scratches others ____Bites others ____Kicks others ____Hits others
____Spits at others ____Pulls hair of others

Sensory Integration Issues, please explain: _____
____Wanders off ____Screams

____Self-stimulating behaviors, please explain:_____

Control these behaviors by:_____

Are there any topic/words/phrases that should be **avoided** with your child?_____
_____

Any words/ or phrases to use with your child (for toileting, compliance, etc.)? _____
_____

What activities does your child enjoy most? _____

Does your child have a special interest, hobby or collection? _____
_____

Please describe your child's understanding of God/relationship with Christ: _____
_____

Previous church experience: _____

What would you like to see your child achieve from this ministry? _____
_____

Any additional information to share with us? _____
_____
_____

Do we have permission to use your child's picture on the church website, Facebook page or in other promotional materials for the church? _____Yes _____No

I have read, completed and understand the attached information. I agree to update and inform FBC Canton in the event of any changes to the attached information and will update annually.

Signed: _____ Date: _____
Parent or legal guardian

Signed: _____ Date: _____
Parent or legal guardian