First Baptist Church-Forney

Date: ___________

Special Needs Student Information

Child's Name: ___________________________ Birth Date: ________

Address: ____

City: _______________ Zip: ____________ Home phone: _________________________

Resides with: ☐ Dad ☐ Mom ☐ Both ☐ Other: _______________________

Mom's Name: __________________________ Cell Phone #: _____________________

Mom's Email: ____

Dad's Name: __________________________ Cell Phone #: ______________________

Dad's Email: ____

Emergency Contact Name: __________________________ Cell Phone #: _______________

Siblings (names and ages) ____

School your child attends: _____________________________________ Grade: _____

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

Service time: Sundays ☐ 8:00 AM ☐ 9:30 AM ☐ 11:00 AM

Specific type of disability/disorder: ____

(brief description) ____

Check any of the following which apply:

☐ Self-injurious Behavior ☐ G-tube ☐ Asthma ☐ Diabetes

☐ Physical Aggression ☐ ADHD ☐ 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? ____

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 explain: ____
☐ Wanders Off ☐ Screams

☐ Self-Stimulating Behaviors 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 program?

____

Any additional information to share with us? _______________________________

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____

I have read, completed and understand the attached information. I agree to update and inform FB Forney 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)