



FIRST BAPTIST CHURCH AT
Weston

First Baptist Church at Weston Special Needs Questionnaire for Families

Date: _____

I. Child Information

Child's name: _____ Birth date: _____ Grade: _____ Age: _____

Child lives with both parents: _____ Mother: _____ Father: _____ Guardian: _____

Father's/Guardian's name: _____ Cell # _____

Mother's/Guardian's name: _____ Cell # _____

Does your child receive special education or exceptional student services at school? Yes: _____ No: _____

If "Yes" which type of classroom does your child participate in?

General education classroom: _____ Resource/Separate classroom: _____ Both: _____

II. Health and Care

Child's *primary health concerns* we should be aware of:

Specific type of your child's disability:

1. Diagnosis: _____
2. Diagnosis in lay terms: _____

Is your child on medication that the teachers should be aware of? Yes: _____ No: _____

If yes, please specify why it's important for the teacher to know this sensitive information:

Seizures? _____ If Yes, provide specific information: _____

Allergies? _____

Food/drinks we should not give your child? _____

Is assistance needed with eating/drinking? _____

Toileting Skills: Toilets independently: _____ Potty trained, needs assistance: _____ Diapers: _____

How does your child indicate the need to use the toilet? _____

Indicate special toileting needs/schedule: _____

Communication Skills:

Can communicate with others using:

Sentences: _____ Phrases: _____ Babbles: _____ Gestures: _____ Sign Language: _____ Pictures: _____

Other (describe): _____

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

Language spoken at home: _____

Behavior:

What are your child's strengths? _____

Weaknesses: _____

Activities child enjoys most: _____

Special fears: _____

Does your child have any behaviors that might disrupt class? Are there specific triggers? If so, what strategies can be used to modify his/her behavior? _____

Any additional information we should know? _____

III. Spiritual

Do you believe that your child has been born again? What draws you to that conclusion? _____

IV. Parental Agreement

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE

_____ I have fully disclosed, to the best of my ability, all relevant details about my child's special needs that will be beneficial to aid my child's teacher.

_____ I will remain on the First Baptist Church at Weston campus during the time my child is participating in ministry programs.

_____ I understand that if I am needed by my child's teachers while church is in session, I will be notified and will promptly leave the Worship Center to return to where my child is located.

Parent/Guardian Signature _____