Child's name:	Age:
Grade.	



Questionnaire for Families of Children with Special Considerations

Please help us better understand your child

My child is really good at:
2. My child is interested in:
3. My child responds to separation from his/her parents by:

Child's	's name:	Age:	
Grade	e:		
4.	Please provide us with backgro	und information that you would like us to know:	
5.	My child en	joy music	
6.	. My child has special consideration in the following area(s)		
	Medical	Behavioral	
	Communication Developmental	Sensory Physical	
	_ bevelopmental	i ilysicai	
7.	7. My child currently receives therapies and/or special instruction in:		
8.	My child has a 504/IEP Plan		
0.	-	r child's 504/IED that could be beneficial for the	
	If yes , are there aspects of your child's 504/IEP that could be beneficial for the church environment?		
9.	Which type of classroom does your child participate in?		
	General education Self-contained/separate classro	Homeschool setting NA or other	
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Child's name: Grade:	Age:		
ordic			
10. My child is picky/inflexible or has an aversion to:			
44 A triangular int for a contration of			
11.A trigger-point for a potential m	leitdown is when:		
12 What helps my child to calm-do	own or regulate when they are upset:		
12. What holps my orma to dailin at			
13. My child seems most relaxed in	n this setting		
Alone			
With a few children Among many children			
14. Vision	15. Hearing		
Typical	Typical		
Mild/moderately Impaired	Mild/moderately impaired		
Severely impaired	Severely impaired		
16. Toileting			
Toilets Independently	Wears diapers		
Potty trained; needs assistance	e Potty training – in process		

Child's name:	Age:
Grade:	
17. What is the main thing you'd like/exp interacting with/supporting your child	

Thank you for taking the time to fill out this questionnaire. Children's Ministry values your input! We are honored to be able to effectively minister to your children as they grow in their love and knowledge of Jesus Christ our Lord!