



Special Needs Connection

Assuredly, I say to you, in as much as you did it to one of the least of these my brethren, you did it to me.

Matthew 25:40 NKJ

Child's Name _____ Nickname _____

Child's Age _____ Date of Birth _____

Parent(s) Name(s) _____

Address _____

City _____ Zip _____

Phone Number _____ Cell _____

Email Address _____

Sibling(s) Name(s) _____

Type of Special Need/Diagnosis _____

Is your child of Severe Moderate Mild special need?

How does your child communicate? _____

Is your child: In Diapers Toilet Trained Toilet Scheduled

Will indicate a need to go by: _____

Any diet restrictions? _____

Can your child drink from a: paper cup straw

Can your child be taken out of wheelchair if needed: Yes No

Can your child use: Crayons Glue Pen/Pencil Playdoh

Are there any behaviors we should be aware of? _____

How are these behaviors typically handled? _____

Does your child have any specific calming measures? Please Explain _____

Does your child have seizures? ___ Yes ___ No What type? _____

Does your child have any allergies? ___ Yes ___ No From what? _____

Is your child on medication? ___ Yes ___ No For What Specifically?

*Please inform us if any medication was or was not administered to before class.

Interests and favorite things to do: _____

Interventions that are helpful: _____

Interventions that don't work: _____

What might trigger an outburst or cause your child stress? _____

Is your child resistant to touch, such as a pat on the back or arm? _____

Is it okay to reward your child? If so, what would be preferred rewards (i.e. sticker, candy)? _____

Is there anything else we should know? _____

Thank you for completing this information questionnaire. Please e-mail this information to the kidsconnection@mynccchurch.com before bringing your child to the Special Need Connection. We look forward to ministering to your child.