

# **Children's & Youth Ministry Student Information Form**

for children with disabilities or special needs

We are so excited that your family is worshiping with us today.

In order to help us serve your child better, please share what you feel is important for us to know by answering those questions below. Please let us know if there is anything you would like to keep confidential. Thank you.

**Student Name:** \_\_\_\_\_

- 1. Does your child have a disability/special need that you would like to share?**
- 2. What does your child enjoy doing?**
- 3. How does your child communicate with others?**
- 4. Is there anything in the environment that may overstimulate your child?  
Examples: Loud noises, bright lights, etc..**

**5. If your child is overwhelmed or distressed, how does he/she show it?  
Example: Hands over their ears, specific sounds, running away, etc..**

**6. What calms your child down when he/she is upset?**

**7. Has your child ever run away from his/her environment?      Yes or No**

**8. Is your child independent in the restroom?      Yes or No**

**9. Does your child have any dietary needs or food allergies?**

**10. Does your child have seizures? If yes, please explain:**

**11. Anything else you would like to share?**