LIFEPOINT CHURCH

Dear Parent/Caregiver - Please fill out this form and return to an offering slot.

How My Child is Fearfully & Wonderfully Made...

Special Needs/Sensory Needs Intake Form

Today's Date: _____

Child's Name: _____

Child's Age:_____ DOB:_____ Gender:_____ Grade:_____

Name of Parent(s) or Caregiver(s): _____

Preferred Phone #_____ Email _____

Names and ages of other children living in the home:

_____

_____

_____

_____

Medical Information:

Please describe your child's diagnosis/medical condition or learning difference:

_____

_____

_____

_____

_____

Circle yes or no for the following. If yes, please describe in the space provided so we may best understand your child's needs:

Allergies yes no _____

Asthma yes no _____

Hearing Problems yes no _____

Physical Limitations yes no _____

Seizures yes no _____

Snack Restrictions yes no _____

Vision Problems yes no _____

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Does your child have specific sensory needs? If so, please describe:

_____

_____

_____

What are your child's interests, and what kinds of activities does he/she enjoy?

_____

_____

_____

Does your child have specific communication needs? If so, please describe:

_____

_____

_____

Please describe any behavioral concerns that teachers/caregivers should be aware of in the classroom:

_____

_____

_____

If your child experiences a period of frustration, how do you best calm him/her?

_____

_____

_____

Does your child need assistance with toileting: yes no

_____

Is there any additional information that would be helpful for your child's teachers/caregivers?

_____

_____

_____

_____

How do you feel your child would best benefit?

_____ Have a Buddy (one-on-one aide) in the class with their peers

_____ As-needed trips to the special needs/sensory room

_____ Full time in the special needs/sensory room

_____ Not sure

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LifePoint Church cares for each person. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church leaders and ministry volunteers respect your family's right to privacy. Any information shared from this form will be communicated only with those caring for your child and on a need-to-know basis.

LifePoint Church is not equipped to provide medical care for your child and will not be held liable for any injury that occurs while your child is under our care.

LifePoint Church may occasionally take photos or videos of the children in our classrooms and may use these images in various types of media within our organization.

By signing this form, I confirm that I have read and agree to the above statements.

Parent/Caregiver Name(s): _____

For office use only

Signature(s): _____ Date: _____

- END OF FORM -