



(Special Needs)
Parent and Child Information Form
Confidential – 2017-2018

“For you created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well.” Psalm 139:13-14

Name of child _____ Birthday _____
Name of parent’s _____
Address _____ City _____
Cell Phone # _____ Email Address _____

Communication

Is your child’s speech understandable to people who don’t know him/her? Yes _____
No _____

How does your child communicate their basic needs? _____

Ask for a drink? _____

Ask to use the toilet? _____

Does your child use any sign language? Yes _____ No _____

Food – Allergies

Is your child allergic to any foods? _____

Describe your child’s allergic reaction. _____

What do you give your child for snacks? _____

List any special instructions _____

Behavior

Describe your child’s behavior. (Is your child aggressive? Does your child hit, bite, throw, run away, etc)?

What do you do to control your child’s behavior?

Does your child deal with people your child doesn’t know?

What does your child do best?

Describe your child’s special needs. Explain any treatments, therapies or adaptations that your child responds well to) _____

When working with your child is there any life threatening issue that classroom volunteers should be aware of?

What are your child’s strengths? _____

What does your child do best?

With what tasks does your child need help? _____

What goals (short and long term) would you like to set for your child that can be achieved in the SideKicks Ministry?

What things can calm/escalate/soothe your child? Hugs, wrapped in blanket, etc?

Education

Specific diagnosis _____

Is your child in school? _____

Type of placement? _____

Prosthetic Devices

Does your child use a: hearing aid _____ Cane _____ Wheelchair _____

Walker _____ Artificial limbs _____ other prosthetic devices _____

What special care needs should we be aware of?

Please complete the form and contact Darla Eldredge at darlabeldredge@comcast.net to set up a brief meeting with her to meet and make a plan for your child.

SideKick Team Member Name _____ Date _____