

# UNHINDERED SPECIAL NEEDS MINISTRY

## Ministry Intake Form for VBS & Sunday School

Student Name: \_\_\_\_\_ Contact name: \_\_\_\_\_

Age/DOB: \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Disability diagnosis: \_\_\_\_\_ Is he/she on medication? **Yes** **No**

If so, what types of medications? \_\_\_\_\_

How does he/she communicate? (Verbal/nonverbal, sign language, iPad etc.) \_\_\_\_\_

Reading level: \_\_\_\_\_ Writing level: \_\_\_\_\_

Does he/she have seizures? **Yes** **No** Medical or Food Allergies? **Yes** **No** Type: \_\_\_\_\_

Does he/she need assistance with eating/drinking? **Yes** **No** \_\_\_\_\_

Does he/she need help using the restroom? **Yes** **No** Help with personal hygiene? **Yes** **No** Wear diapers? **Yes** **No**

What are his/her strengths? \_\_\_\_\_ Weakness? \_\_\_\_\_

Special gifts or talents? \_\_\_\_\_

Describe his/her understanding of God/relationship with Christ: \_\_\_\_\_

Describe his/her past Sunday School/church experience: \_\_\_\_\_

Does he/she have any fears/phobias? **Yes** **No** If so, what are they? \_\_\_\_\_

What would be a trigger-point for a potential meltdown? \_\_\_\_\_

What do you normally do to calm him/her? \_\_\_\_\_

He/She may be trying to communicate their need for \_\_\_\_\_ when he/she does:

What do you consider to be your son's/daughter's greatest challenge in social settings?

Do you have any additional helpful information? (include special equipment that would be helpful for learning, favorite topics to talk about, favorite calming items)