



# RBFK: Just for Me



Individualized Ministry for Kids with Non-traditional and Special Needs

## Condensed Intake Questionnaire

Our church cares deeply for each participant in children's ministry programming. These questions are asked for the benefit of your child so that we may provide the best experience and safest environment for everyone involved. Our church and our children's ministry workers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child. Please answer the below questions that apply to your child and that may help us best minister to your child.

Date \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ M F

Caregiver's name \_\_\_\_\_ Cell # \_\_\_\_\_

Allergies/food sensitivities (medications, food, other – please include detail of reaction)

EpiPen: yes/no

Emergency Contact (other than doctor)

In the case of an emergency, the following person(s) may be called and are authorized to pick up my child: (At least one contact must be provided. Positive identification must be provided before your child will be released.)

Name \_\_\_\_\_ Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list your child's primary non-traditional or special needs:

Please list any medical diagnoses we should be aware of:

Please list any medications your child currently takes:

The RBFK team will **not** administer medications to your child. If you have a concern that your child will need a specific medication during the hour they are in the Just for Me class, please discuss it with Nate and Allie EuDaly.

My child's primary mode of communication is: \_\_\_\_\_

Please describe signs/words/behaviors your child might use to communicate certain needs:

Need: \_\_\_\_\_ Behavior/word/sign: \_\_\_\_\_

Need: \_\_\_\_\_ Behavior/word/sign: \_\_\_\_\_



How does your child indicate a need to use the toilet? \_\_\_\_\_

Indicate special toileting needs/schedule: \_\_\_\_\_

If your child is able to toilet independently, two RBfK team members will accompany him/her to the bathroom when he/she needs to go. If your child is not able to toilet independently, please discuss their needs with Nate and Allie EuDaly to develop a plan for the hour of the Just for Me class.

Affect/Personality/Behavior: (please select all that apply)

My child:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Is generally shy                         | <input type="checkbox"/> Is generally outgoing   | <input type="checkbox"/> Does not have a personal bubble                 |
| <input type="checkbox"/> Likes to play alone                      | <input type="checkbox"/> Likes to play in groups | <input type="checkbox"/> Has an extra large personal bubble              |
| <input type="checkbox"/> Adapts to new situations well            |  | <input type="checkbox"/> Sometimes infringes on others' personal bubbles |
| <input type="checkbox"/> Adapts to new situations with difficulty |  | <input type="checkbox"/> Is sometimes threatening to others              |
| <input type="checkbox"/> Responds to correction well              |  | <input type="checkbox"/> Sometimes hits, bites, or hurts self/others     |
| <input type="checkbox"/> Is sometimes destructive                 |  | <input type="checkbox"/> Sometimes attempts to run away                  |

My child is uncomfortable with or has an aversion to:

\_\_\_\_\_

My child responds to separation from his/her parent(s)/guardian(s) by: \_\_\_\_\_

My child becomes upset/might melt down when: \_\_\_\_\_

\_\_\_\_\_

Some behaviors (or hints) that you might see as "warning signs" of a potential meltdown include:

\_\_\_\_\_

My child is best comforted/calmed by: \_\_\_\_\_

\_\_\_\_\_

For snack time, we will provide animal crackers or goldfish. If your child requires a different snack due to their specific diet, please plan to bring it and let your child's teacher know.

My child is prone to seizures (circle one): Yes / No

If yes, tell what prompts the seizure and how we can prevent/respond:

\_\_\_\_\_

My child's behavior may indicate a medical problem requiring immediate attention when:

\_\_\_\_\_

Any additional concerns not already addressed:

Please sign below indicating that you have read and agree that the statements in this intake form are accurate and complete, and that you have fully disclosed to Rock Brook Church all pertinent facts about your child's needs and accept responsibility for any missing information.

Signature \_\_\_\_\_ Date \_\_\_\_\_