

GNKids Special Needs Intake Form

Child's Name: _____ Date of Birth: _____ Gender: M F

Parent Name(s): _____ Cell#(s): _____

check box for preferred contact #

Siblings & Ages: _____

Communication Style and Personality

Is there any medical, educational, social, or emotional diagnosis that you would like to share to help us better meet the needs of your child?

How would you describe your child's temperament and personality?

Are there any triggers we should be aware of? (e.g. change in routines, loud music, transitions)

How does your child show frustration? (e.g. clinches fists, becomes non-verbal, paces, yells, cries)

Do you have effective strategies to assist with the above? (e.g. transition words, key phrases)

If your child starts to show distress, would you prefer our staff handle it, text you, or come get you out of the church service? _____

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Is there anything else you would like to share with us about your child? _____

Group Worship and Free-play Time

My child (circle one) **would/would not** enjoy a large group worship experience.

My child (circle one) **does/does not** enjoy music.

Does your child have any special needs during our group worship? (e.g. needing headphones, sitting close to the speaker, having access to a GNK peer model or GNK adult aide)

Is there anything we should know about your child's play with other children or by themselves?

Small Group/Classroom Time

My child's developmental age/skill level is: _____

My child can do the following independently (circle all that apply):

follow simple directions **use scissors** **write their name** **read**

My child enjoys activities such as: (e.g. coloring, crafts, games, hearing stories)

My child is uncomfortable/struggles with: (e.g. messy hands, loud noises, routines)

What are your expectations for your child's engagement in the classroom activities? (circle one)

full involvement **involved with exceptions noted above** **observation only**

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Snack Time

Does your child have any food allergies? Yes No

If yes, please describe and let us know if you will be providing your own snack _____

Toileting

Does your child use diapers? Yes No (___ Cloth ___ Disposable ___ Pull-ups)

Is your child potty-trained? Yes No

If yes, do they need assistance or reminders "to go" (explain): _____

How can we get to know your child better? Not necessary, this covered it!
 Meet with GNKids Special Needs leader at the church
 Have an in-home visit with the GNKids Special Needs leader