

Questionnaire for Families of Children with Disabilities



I. PLEASE HELP US BETTER UNDERSTAND YOUR CHILD WITH SPECIAL NEEDS

Child's name _____

Child's date of birth _____ Grade _____ Age _____ M F

Child lives with: ☐ both parents ☐ mother ☐ father ☐ guardian _____

Father's name _____ Cell # _____ Email _____

Mother's name _____ Cell # _____ Email _____

Child's **primary health concerns** we should be aware of:

II. EMERGENCY CONTACT (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (Positive identification must be provided before your child will be released.)

1. Name _____ Cell phone: _____

Home Phone: _____ Address: _____

Relationship: _____

2. Name _____ Cell phone: _____

Home Phone: _____ Address: _____

Relationship: _____

III. CARE NEEDS

VISION: ☐ Typical ☐ Impaired ☐ Blind

HEARING: ☐ Typical ☐ Impaired ☐ Deaf ☐ Hearing Aid

MOTOR: ☐ Head control ☐ Rolls over ☐ Sits ☐ Crawls ☐ Walks

USES: ☐ Walker ☐ Crutches ☐ Braces ☐ Wheelchair

Please describe any special positioning needs your child may have: _____

Which type of classroom does your child participate in at school:

☐ General education classroom ☐ Resource/Separate classroom ☐ Both

Can communicate with others using:

Speech: ☐ Words ☐ Phrases ☐ Sentences ☐ Babbles ☐ Gestures ☐ Sign Language

☐ Other (describe): _____

Language spoken at home: _____

Can understand what others say: ☐ All the time ☐ Most of the time ☐ Some of the time

☐ Recognizes voices of family members.

ALLERGIES: (Drugs, Food, Other) _____

EATING HABITS: Feeds self by using: ☐ spoon ☐ fork ☐ hands ☐ Requires feeding

☐ Bottle fed ☐ Drinks from cup: ☐ with assistance ☐ by self

FAVORITE SNACK FOODS:

If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating: _____

TOILETING SKILLS: (Note: Parents will be called to perform all assisted toileting needs)

____ Toilets independently ____ Diapers: ____ Cloth ____ Disposable
____ Currently being potty trained ____ Potty trained, needs assistance
____ Requires catheterization Frequency/Schedule: _____

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

Indicate special toileting needs/schedule: _____

BEHAVIOR: (check all that apply)

____ Shy ____ Outgoing ____ Is sometimes destructive
____ Plays alone ____ Plays in groups ____ Sometimes threatens others
____ Adapts to new situations well ____ Sometimes hits, bites, or hurts self/others
____ Adapts to new situations with difficulty ____ Sometimes attempts to run away
____ Responds to correction well ____ Hyperactive and/or ADD
____ Responds to correction with difficulty

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

What type of play activities does your child enjoy and/or participate in? _____

My child becomes upset when/or does not enjoy: _____

IV. PERMISSION/AUTHORIZATION AGREEMENT: Please read the following statements carefully. Initial in the space beside each statement and sign at the bottom indicating that you have read, understand and agree to the provisions.

_____ I have fully disclosed to First Baptist Orlando (FBO) all pertinent facts about my child's special needs and accept full responsibility for any missing information.

_____ I will remain on the First Baptist Orlando campus and available by phone during the time my child is participating in any Special Friends ministry event/program.

_____ I authorize First Baptist Orlando to publish photos of my child (without his/her name) on any social media platform or printed materials for promotional purposes only.

_____ I understand in the event that my child engages in physically aggressive behaviors towards another person/staff and/or self-injurious behaviors, that Restrictive Behavioral Intervention (restraint/seclusion) may be temporarily necessary. I understand that I will be notified by a First Baptist Orlando Ministry Staff member/lay leader and be required to immediately go to my child's location to assist my child in calming down.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each:

SIGNED _____ **DATE:** _____

Parent or Guardian

PRINT NAME: _____