Questionnaire for Families of Children with Disabilities

Date ________________

I. Please help us better understand your child with special needs

Child’s name___________________________________ Grade___________ Age______ M F
Child lives with: ____both parents ____mother ____father guardian_______________________________
Father’s/Guardian’s name_____________________________ Cell #________________
Mother’s/Guardian’s name____________________________ Cell #_________________
Child’s primary health concerns we should be aware of:
______________________________________________________________________________________________________
____________________________________________________________________________________

II. EMERGENCY CONTACTS (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS 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.)

1. Name ____________________________________________ Cell phone:  _____________________________
   Home Phone:  _______________________ Address:  __________________________________
   Driver’s License:  _____________________________ 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: ______________________________________
____________________________________________________________________________________

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION OR EXCEPTIONAL STUDENT SERVICES AT SCHOOL:
    ____Yes      ____No

IF “YES” WHICH TYPE OF CLASSROOM DOES YOUR CHILD PARTICIPATE IN:
    ____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
Eating Schedule: _____________________________________________________________
Special Diet: _____________________________________________________________
If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating: _____________________________________________________________

TOILETING SKILLS:
___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 AND INITIAL IN THE DESIGNATED SPACE
INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.
_____I have fully disclosed to First Baptist Orlando all pertinent facts about my child’s special
 needs and accept full responsibility for missing information.
_____I will remain on the First Baptist Orlando campus 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 our
 FBO website and brochures for promotional purposes only.

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

SIGNED: __________________________________________ DATE: ____________________

Parent or Guardian