



## ***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:

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### ***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: \_\_\_\_\_

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### ***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*