

# QUESTIONNAIRE FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS

Date \_\_\_\_\_

## I. PLEASE HELP US BETTER UNDERSTAND YOUR CHILD

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:

\_\_\_\_\_

Please list siblings of child who will also be attending:

1. \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_

## 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.)

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 or care needs your child may have: \_\_\_\_\_

\_\_\_\_\_

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:  Uses Spoon  Uses Fork  Uses Hands  Requires feeding

Bottle fed  Drinks from cup with assistance  Drinks from cup 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
- Currently being potty trained
- Requires catheterization
- Diapers
- Potty trained, needs assistance
- 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
- Plays alone     Plays in groups
- Adapts to new situations well
- Adapts to new situations with difficulty
- Responds to correction well
- Responds to correction with difficulty
- Is sometimes destructive
- Sometimes threatens others
- Sometimes hits, bites, or hurts self/others
- Sometimes attempts to run away
- Hyperactive and/or ADD

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/does not enjoy: \_\_\_\_\_

Are there any additional concerns not already addressed: \_\_\_\_\_

**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 will supply special food, drinks, snacks, and diapers/wipes for my child as necessary.
- I will remain on Cornerstone's campus during the time my child is participating in any ministry event/program, except when previously arranged.
- I understand the nature of the program and do hereby release Cornerstone Fellowship and its representatives from any liability due to accident or injury incurred by my child.
- I have fully disclosed to Cornerstone Fellowship all pertinent facts about my child's special needs and accept full responsibility for missing information.
- I authorize Cornerstone Fellowship to publish photos of my child (without his/her name) on their 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)

