



Eastview Christian Church

Family Check-In Form for Children (Birth-5th Grade) with Developmental Differences

The following questions are asked for the benefit of your child, so that we may provide the best experience, safest environment for everyone involved while making your child the most successful they can be. Our church leaders and ministry volunteers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. We look forward to coming along side of your family to help nurture your child's spiritual needs!

Form completed by: _____ **Date:** _____

Child Name: _____ **Date of Birth:** _____

My child has the following struggles, diagnosis, medical condition, or learning difference:

Due to the nature of my child's additional needs, the following would be appropriate:

- Buddy Program**
- Separate Class (held in Sensory Room) with inclusion to worship**
- Separate Class (Sensory Room) with Bible lesson in sensory room**
- Age-appropriate Class with Tip Sheet**

*ECC reserves the right to work with families to determine the best & safest placement for all children.

Pick-up/Drop off Needs:

Pick-up tag should be presented to pick-up child. If your child will be picked up by someone other than yourself or a spouse, please write the name(s) and phone number(s) of the individual(s) who are able to pick him/her up and/or drop him/her off:

Health/Medical:

Does your child have seizures? Yes _____ No _____

If yes: Type: _____ What does one "look like": _____

If yes, other than contacting you immediately, what should we do if your child has a seizure while attending programming at ECC? _____

Does your child have hearing or vision concerns? Yes _____ No _____

Does your child currently receive therapy services? Yes _____ No _____

If yes, please describe: _____

Do you utilize any assisted technology (weight vest/blanket, PECS book, trampoline or suspend swing, etc)? Yes _____ No _____

List items used: _____

I give permission for these items to be used in the sensory rooms. Yes _____ No _____

Other Health Information to share: _____

Behavior:

Please describe your child's behavior. Can your child become aggressive and lash out (biting, spitting, running, etc.) if upset?

What can we do to redirect inappropriate behavior? (Please give ***specific*** examples of what you do at home or school)

Does your child have a security item to help soothe fears or assist with calming down if upset?

Does your child have any specific fears? _____

If yes, how should we deal with these fears, should they arise? _____

Toilet/Hygiene Needs:

Uses toilet (check one):

Independently

With Supervision

Wears diapers or pull-ups

Should volunteers ask your child if s/he needs to use the toilet while in our programming at ECC? Yes _____ No _____

If yes, is there a specific phrase you use? _____

Our policy is to change a soiled diaper/pull up for children aged 10 and under. We will contact you if your older child needs changed.

Communication: Is your child (check one)

Verbal (then skip next 4 questions)

Non-verbal

1. Can your child follow 1-step directive?

2. What works best when communicating requests or information for activities your child is included in?

3. Does your child understand sign language? Yes _____ No _____

Please list specific signs if used. _____

What can you tell us about your child to help us serve her/him better? _____

What school does your child attend? Current grade? _____

Please list the service you will be attending (Please choose one service):

9:00 11:00 5:00

***I understand that I must contact ministry leader and/or my child's buddy on Saturday if my child will not be attending service the following day (Sunday). I further understand that failure to make this absence known on more than 3 occasions may cause our child to be removed from the program until a new Buddy can be arranged.

Our Special Needs Ministry does not provide therapy, behavior modification programs, or medical intervention. To the best of our abilities, our ministry servants will strive to follow guidance from, and utilize tools provided by, parents. Medical assistance will be provided in emergency situations.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Cell phone number (reachable on Sunday): _____

Parent email: _____

Office Use Only:

Date Family Contacted and Review Needs: _____

Buddy Assigned: _____

10/2018