

Developing our church culture to embrace differently abled children and their families.

Resources:

1. Beyond Suffering Bible by Joni & Friends
 - Sold on Amazon
2. **Ability Ministry**
 - Tons of resources
 - Free printouts: Emergency Profile Form, Visual Schedule, etc
 - <https://abilityministry.com/product-category/one-page-guides/>
3. **Rising Above Ministries**
 - <https://www.risingaboveministries.org/>
 - Free Special Needs Training Manual:
file:///C:/Users/pasto/Downloads/FJS+CombinedPDF+FI
NAL+May+2019.pdf
4. **Key Ministry**
 - Recommended books:
<https://www.keyministry.org/resources-for-families>
5. **Article: "6 ways Your Church Can Welcome People with Disabilities"**
 - <https://outreachmagazine.com/features/19247-church-disabilities-ministry.html>

Information Form for Children with Special Needs

These questions allow us to provide the best experience and safest environment for all the children within our ministry. Our church leaders and ministry volunteers will respect your family's right to privacy. Any information shared is communicated directly with those caring for your family member and only on a "need to know" basis. If you have any questions, please contact the Children's Ministry Director, Jenny Pandolfo, for more information.

Child's Name: _____	DOB: _____
Age: _____	Diagnosis: _____

Mother's name _____ Phone _____ Live at home? Y N

Address _____

City _____ ZIP _____

Email _____ Alternate Phone _____

Father's name _____ Phone _____ Live at home? Y N

Address _____

City _____ ZIP _____

Email _____ Alternate Phone # _____

Siblings? Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

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My child loves to _____

Enjoys music? ☐ Yes ☐ No Enjoys arts & crafts? ☐ Yes ☐ No Outside play? ☐ Yes ☐ No

Writing? ☐ Yes ☐ No Reading? ☐ Yes ☐ No

Allergies/Food Sensitivities: Yes ☐ No ☐ If yes, please explain _____

Life Threatening? ☐ Yes ☐ No EPI Pen? ☐ Yes ☐ No

Food/drinks to avoid _____

Assistance needed for eating/drinking? ☐ Yes ☐ No

Prone to Seizures: ☐ Yes ☐ No

Other Medical Concerns: _____

Toileting Needs: ☐ Independent ☐ With Assistance ☐ Wears Diapers

Signs, gestures, words to Indicate toileting needs _____

Medication: ☐ Yes ☐ No Type and purpose: _____

Main mode(s) of communication: ☐ Verbal ☐ Visual Supports ☐ Sign Language ☐ Digital Devices

My child is independent with _____

My child needs assistance with _____

My child is uncomfortable with or has sensitivities to _____

Behavior concerns to be aware of _____

Trigger-points for frustration/resistance _____

Calming tools and aids _____

Behaviors that may communicate a specific need (please indicate the need where appropriate)

Classroom situations you wish to be contacted about _____

Please describe your child's understanding of and relationship with God _____

Goals for your child at church _____

Ideas for the church to better serve your family _____

Additional thoughts or comments _____