



FIRST UNITED METHODIST  
— of HENDERSONVILLE —

## **Questionnaire for Families of Children with Special Needs**

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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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.)

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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CAN COMMUNICATE WITH OTHERS USING:

Speech:  Words  Phrases  Sentences  Babbles  Gestures  Sign

Language

Other (describe):

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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)

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**EATING HABITS:** Feeds self by using:  spoon  fork  hands  Requires feeding  
 Bottle fed Drinks from cup:  with assistance  by self

Eating Schedule:

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Special Diet:

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If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating:

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**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?

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Indicate special toileting needs/schedule:

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**BEHAVIOR:** (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Shy                           | <input type="checkbox"/> Outgoing                                 | <input type="checkbox"/> Is sometimes destructive                    |
| <input type="checkbox"/> Plays alone                   | <input type="checkbox"/> Plays in groups                          | <input type="checkbox"/> Sometimes threatens others                  |
| <input type="checkbox"/> Adapts to new situations well | <input type="checkbox"/> Adapts to new situations with difficulty | <input type="checkbox"/> Sometimes hits, bites, or hurts self/others |
| <input type="checkbox"/> Responds to correction well   | <input type="checkbox"/> Responds to correction with difficulty   | <input type="checkbox"/> Sometimes attempts to run away              |
|  |   | <input type="checkbox"/> Hyperactive and/or ADD                      |

My child responds to separation from his/her parents by:

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My child is best comforted by:

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My child lets someone know what he/she wants or needs by:

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What type of play activities does your child enjoy and/or participate in?

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My child becomes upset when/or does not enjoy:

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Are there any additional concerns not already addressed:

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**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 United Methodist Church all pertinent facts about my child's special needs and accept full responsibility for missing information.

\_\_\_\_\_ I will supply special food, drinks, snacks, and diapers/wipes for my child as necessary.

\_\_\_\_\_ I will remain on HFUMC campus during the time my child is participating in any ministry event/program.

\_\_\_\_\_ I understand the nature of the program and do hereby release HFUMC and its representatives from any liability due to accident or injury incurred by my child.

\_\_\_\_\_ I authorize HFUMC to publish photos of my child (without his/her name on our HFUMC 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: \_\_\_\_\_