

“Open Arms” Special Needs Ministry Information

BIOGRAPHICAL INFORMATION

Child's Name: _____ DOB: _____ Gender: _____

Child's diagnosis/disability: _____

Child lives with (*circle one*): mother father both other _____

Father/Mother Name: _____ Phone: _____

Address: _____

Email: _____

School: _____ Classroom type: _____

STRENGTHS/NEEDS

VISION (*check one*)

- normal
- impaired
- blind

MOTOR (*check one*)

- typical development
 - delayed development
- If delayed, please check all that apply*
- controls head
 - rolls over
 - sits independently
 - crawls/cruises
 - uses walker
 - uses braces/crutches
 - in wheelchair/needs assistance
 - in wheelchair/independent

COMMUNICATION

- Expressive (*check one*)
- My child communicates using...
- sentences
 - phrases
 - one word utterances
 - signs
 - pictures
 - augmentative comm. device
 - gestures/leading
 - no formal communication yet

COMMUNICATION

- Receptive (*check one*)
- My child understands...
- sentences
 - phrases
 - one word directives
 - signs
 - pictures
 - gestures
 - needs physical assistance to respond

HEARING (*check one*)

- normal
- impaired
- deaf--hearing aid Yes / No

SENSORY PROCESSING (*check one*)

- normal
 - difficulties
- If difficulties, please check all that apply*
- Touch- over-responsive
 under-responsive
- Movement- over-responsive
 under-responsive
- Sounds- over-responsive
 under-responsive
- Smells- over-responsive
 under-responsive
- Visuals- over-responsive
 under-responsive

EATING (check one)

- feeds self safely
- needs supervision
- needs assistance
- needs to be fed
- adapted (tube fed, pureed, etc.)
(check one)
- drinks from open cup
- drinks from straw

TOILETING (check one)

- independent
- potty trained, but needs assistance
- schedule trained
- potty training currently
- diapers/pull-ups
- catheter

BEHAVIOR (check any that apply)

- plays/works cooperatively
- plays/works alone
- transitions easily
- has trouble with transitions
- responds well to direction
- has difficulty with direction
- sometimes aggressive to self/others
- sometimes tries to run away

My child is comforted by _____

My child responds well to _____

OTHER INFO (use this space to provide other needed information so we may best serve your family)



8246 Cleveland Road / Clayton, NC 27520 / 919.934.3551
 tami@c3church.org / www.c3church.org