

**ACCESS Ministry
Indian Creek Christian Church
Individual Profile Sheet
Last Updated: _____**

Child's Name _____ **Date of Birth** _____

Home Address _____ **Phone** _____

Cell Phone _____ **E-mail** _____

Would you like to be added to our e-mail list? _____

Parent/Guardian Name(s) _____

Parents Birthdays and Anniversary _____

Siblings Names and Birthdays: _____

Emergency Contact (other than parents)

Home Church: Indian Creek Christian Church _____ **Other:** _____

How specifically can we pray for you? _____

Specific Diagnosis: _____

Check if applicable

Mental Retardation **Epilepsy** **Cerebral Palsy** **Autism**

Hearing Impaired **Visually Impaired** **ADHD** **Other**

What medications is he/she on?

Do they need to be administered during church or a respite event?

If so, please describe in detail.

Are there any other medical conditions that we need to be aware of?

Does he/she attend school? _____ If so, where? _____

Type of placement _____

(For Sunday Buddy Program) Does your child have an IEP?

Would you be willing to share?

(If yes and you have a copy accessible, please attach copy or bring with you)

What skills are they working on?

We want to make your child's experience in the classroom and/or at Parent's Night Out the best possible. Please tell me a bit about your child and the area of special need.

Activities

What activities or people does your child enjoy? (certain toys, reading, sensory activities?)

Are there any specific toys/sensory objects, etc that we could include in the classroom/respice events to reassure/calm your child? (ie weighted toys, vibrating seat cushion, etc)

Are there any specific activities that he/she dislikes?

Are there any activities that should be avoided?

Behaviors

Describe your child's behavior (ie. Is he/she aggressive? Does he/she hit, bite, run away, etc?)

Are there any "signs" or "triggers" to look for that may either indicate or bring on any behaviors specified above?

What do you do to redirect these behaviors?

How does he/she deal with people he/she doesn't know?

Food

What are his/her eating habits?

Does your child have any food allergies or other allergies? If so, what and describe the reaction and what should be done if he/she has a reaction?

Are there any food restrictions?

Independence

What, if any, assistance is needed in toileting?

How does he/she communicate the need?

**What, if any, assistance or modifications are needed in eating or drinking?
(please be specific)**

Communication

Is his/her speech understandable to people who don't know him/her?

If not, how does he/she communicate his/her basic needs? (ie. are there any specific signs or behaviors we should be aware of?)

Prosthetic Devices

Does he/she use a hearing aid? Y _____ N _____ Glasses? Y _____ N _____

Wheelchair? Y _____ N _____ Walker/Cane? Y _____ N _____

Artificial Limbs? Y _____ N _____

Any other prosthetic device?

What other special care needs should be made aware of?

Additional Information

Is there any other information that would be helpful to a volunteer working with your child, including any additional strengths or weaknesses that we have not covered?