

Grace Ministry Registration



Name_____

Gender: M / F

Birthday_____

Grade (If in School)_____

Briefly describe his/her type of disability/diagnosis:

Parent/Guardian Contact Information

Name_____

Address_____

City_____ State_____ Zip_____

Best number to contact_____

Email_____

Relationship to participant_____

Participant Medical Information

Do they experience seizures? Y / N

If so, what triggers them?

Do they have any food allergies/dietary restrictions? Y / N

If so, are they life threatening and require the use of an Epipen? Y / N

Please list:

Do they require ambulation or a mobility device? (i.e. braces, cane, crutches, walker, manual wheelchair, electric wheelchair)

Do they need help with toileting? Y / N

If my child needs to use the restroom they will communicate by...

Are there any behaviors that may indicate a medical problem requiring medical attention? Y / N

If yes, please explain:

Are there any medications currently prescribed by your child's doctor?

Are there any further details that are pertinent to the care of the individual?

Student Behavioral Information

Describe his/her communication skills (verbal, non-verbal, uses communication devices, uses picture symbols, etc.):

What are his/her strengths/things they can do independently?

What activities does she/he enjoy participating in? What are their favorite toys/objects?

What is he/she highly motivated by?

What does he/she need assistance with?

What specific things upset him/her or that he/she is uncomfortable with (if any)?

When my child gets angry he/she will...

Are there any behaviors you see at home/school that we might see at church?
Please explain.

When he/she has a need for _____ they will communicate by...

I know my child needs a break when...

The goals I have for my child's development this coming year include
(behavioral, social, academic, etc):