

All Abilities Inclusion Ministry – Intake Form

First Presbyterian Church of Birmingham cares for each participant inside our family ministry. These questions are asked for the benefit of your child, enabling us to provide the best experience and safest environment for everyone involved. Our church leaders and our ministry volunteers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer the following questions as they apply to your child, thus helping our church best minister with your child.

Full Name of Participant _____

Date of Birth _____

School _____

Grade (for appropriate placement in CrossWalks class) _____

Cognitive level _____

Reading ability/level _____

Family Information (please print)

Parents'/Guardians' Full Names _____

Address _____

City/State/Zip _____

Home Phone# _____

Cell Phone #'s _____

Primary email _____

Please list all siblings living at home (name, age, sex, grade)

Please list all siblings not living at home (name, age, sex, occupation)

Do you have any pets at home? (type of pet, name, age)

Profile of Child/Youth

My child has the following **diagnosis**, medical condition or learning difference:

Please list **medications** taken on a regular basis.

Medication	When Taken	How Administered
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Does your child have a history of **seizure**?

If so, when was the last one?

My child has the following **allergies/ food sensitivities/dietary restrictions** (please include action steps):

Please list any **medical or special precautions** for managing the following concerns: seizures, positioning, trach, G-tube, respiratory, mobility

My child's main mode of **functional communication** is:

My child can understand what others say:

All the time Most of the time Some of the time Recognizes voices

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

My child can do these things independently (please circle):

toilet, feed, wash hands, walk, climb stairs

My child needs assistance with:

My child has the following **areas of interest**:

Activities my child does not like, and/or **things my child is uncomfortable with** or has an aversion to are:

A **trigger**-point for resistance, frustration, or behavioral problems may emerge for my child when:

My child is really picky about:

When/if my child experiences a period of **frustration**, he/she calms when we:

Doing/seeing/experiencing this one thing is an important part of my **child's routine**:

My child (circle) does/does not enjoy **music** and does/does not enjoy **musical instruments**.

What practices (**reinforcers**) or verbal phrases work best for your child?

Please share **behaviors we should be aware of** (i.e. aggressive behavior, tantrums, wandering, running, obsessive behavior) and any measures in place to respond to this.

Does your child like to be **touched**? How? (rub/don't rub child's back, hug, hold hands, etc.)

My child may be trying to communicate their **need** for (describe) _____ when he/she exhibits the following behavior:

My child's behavior may indicate a **medical/emotional problem** requiring immediate attention when:

What **suggestions** do you have for your child's teacher/buddies that may better include your child?

What **other information** might be helpful for us to know (favorite topics of conversation, need to have certain object, things to avoid, etc.?)

Are there any **other concerns** not already addressed?

I have read this intake form and verify that the information is true. I am aware that photos of my child may be used for training purposes, or as part of the general life of the church. I understand that as a *last resort*, my child may be restrained using Nonviolent Crisis Intervention (NCI) if he/she becomes aggressive. I also give permission for the Inclusion Coordinator of FPC to consult my child's teachers and/or FAR therapists for the purposes of enriching his/her experience at FPC.

X _____ Date _____