

KIDS ACCESS INTAKE FORM

This is a quick snapshot to share with Sunday School teachers.

CHILD'S NAME _____ **DOB** _____

AGE _____ **GRADE** _____ **SCHOOL CHILD ATTENDS** _____

TELL US ABOUT YOUR CHILD!

My child enjoys/has the following area(s) of interest:	My child has the following diagnosis, medical condition, or learning difference:	My child's family includes:
Allergies and/or food sensitivities:	The goals I have for my child while at church include (behavioral, social, academic, spiritual):	My child is uncomfortable or sensitive to:
My child's main mode of functional communication is:	My child's trigger-points for frustration/resistance/behavior:	My child needs assistance with/independent with:
My child is prone to seizures: Yes <input type="checkbox"/> No <input type="checkbox"/>	My child enjoys music: Yes <input type="checkbox"/> No <input type="checkbox"/>	My child enjoys a large group experience: Yes <input type="checkbox"/> No <input type="checkbox"/>
When/if my child experiences frustration, he/she calms when we:	Behaviors that may communicate a specific need:	Any additional information: