



Illuminate Community Church
Special Needs Ministry | S.H.I.N.E. (Seeing Him In Everyone)

Family Profile

Child's Last Name: _____

Child's First Name: _____

Date of Birth: _____ Male: _____ Female: _____ Age: _____

Name of School: _____ Grade: _____

Classroom Environment: (self-contained, mainstreamed, etc)

Mother's Last Name: _____ First Name: _____

Address: (if different) _____

City: _____ State, Zip: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Mom Cell: _____

Father's Last Name: _____ First Name: _____

Address: _____

City: _____ State, Zip: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Father's Cell: _____

Is your child in school? _____ If yes, where? _____

Type of placement? _____

Please give a brief description of your child's disabilities and the severity level:

Please list any allergies your child may have: (include severity of reaction and action plan):

Does your child use an Epi pen? _____

Does your child have seizures? _____

How often do the seizures occur? _____

How long do the seizures usually last? _____

Does your child sleep after the seizure? _____

Please describe the types of seizures, any triggers and how you normally respond before, during and after the seizure.

Is there any other pertinent medical information we should be aware of and monitor?

Please list any food restrictions your child may have.

Please list any foods your child enjoys.

Please list any special preparation needed (bite sized, pureed, regular).

Are there any choking/gagging concerns? If yes, please describe.

Will your child request fluids? If no, please specify the fluid recommendations and how to ensure adequate fluids are provided.

Does your child have outdoor sensitivities? _____

Best method of cool down? _____

Outdoor allergies? _____

Sun? _____

Please describe your child's behavior: (run away, hitting, biting, pulling hair, bad language, self injurious, etc) Use back of page if necessary.

What triggers these behaviors?

What warning signs are there for these behaviors?

What do you do to control his/her behavior? Please describe any current behavior plans if your child has one.

How does your child deal with new people and/or situations?

What is your child's primary form of communication? (eye gaze, facial expressions, picture symbols, signs, verbal, etc)



How does your child communicate his/her basic needs? (toileting, drink, changing positions, help, etc)

Does your child take care of his toileting needs? Please describe any help needed.

Does your child use a hearing aid? Cane? Wheelchair? Walker? Have artificial limbs? Medical Equipment?

Please describe any transfer assistance needed:

Does your child have any auditory issues? (please describe)

Does your child have any visual issues? (please describe)

Does your child have any tactile issues? (please describe)

What special care needs should we be aware of?

What is the child's previous experience attending church?

What concepts does the child understand: God, Jesus, Church, Heaven?

MY CHILD REALLY LIKES:

Any other information that will help us understand and work with your child:

What other programs/activities/events/support can the Special Needs Ministry offer that will help your family?

Emergency Contact Information:

In case of emergency and you are unable to be reached, please name 2 local contacts to whom you authorize access to release your child:

Name: _____ Relation: _____

Address: _____

Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Hospital: _____

Phone: _____

Hospital Address: _____

Name of Health Plan/Medical Insurance: _____

Group Number/Policy Number: _____

Primary Name on Insurance: _____

Please list the name and relationship of any persons NOT authorized to pick up or interact with your child.

Name: _____ Relation: _____

Name: _____ Relation: _____