

**Temple Bible Church - Specials Needs Ministry
Intake Form**

Student Information:

Date: _____

Student Name: _____

Gender: M / F Age: _____ DOB: _____

Address: _____

Parents / guardians:

Name	Relationship	Phone Number	Email
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Name	Relationship	Phone Number	Email
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Primary health concern of your child that we should be aware of:

Allergies (drugs, food, other):

Care Needs:

Vision: ___ Typical ___ Impaired ___ Blind ___ Walks
Hearing: ___ Typical ___ Impaired ___ Deaf ___ Hearing aid
Motor: ___ Head control ___ Rolls over ___ Sits ___ Crawls
Uses: ___ Walker ___ Crutches ___ Braces ___ Wheelchair

Please describe any special positioning needs your child may have:

Can communicate with others using:

Speech: ___ Words ___ Phrases ___ Sentences ___ Babbles ___ Gestures ___ Sign language
___ Other (describe): _____

Can understand what others say: ___ All the time ___ Most of the time ___ Some of the time
___ Recognize voices of family members

Eating habits:

Feeds self by using: ___ Spoon ___ Fork ___ Hands ___ Requires feeding
___ Bottle fed Drinks from cup: ___ With assistance ___ By self

Eating schedule: _____

Special diet: _____

If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating: _____

Toileting Skills:

___ Toilets independently	___ Diapers: ___ Cloth ___ Disposable
___ Currently being potty trained	___ Potty trained, needs assistance
___ Requires catheterization — frequency/Schedule: _____	

