

**Temple Bible Church - Specials Needs Ministry
Intake Form – High Functioning Students**

Student Information:

Date: _____

Student Name: _____

First

Last

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 that we should be aware of:

Allergies (drugs, food, other):

Care Needs:

Vision:	<input type="checkbox"/> Typical	<input type="checkbox"/> Impaired	<input type="checkbox"/> Blind	
Hearing:	<input type="checkbox"/> Typical	<input type="checkbox"/> Impaired	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hearing aid
Uses:	<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Braces	<input type="checkbox"/> Wheelchair

Please describe any special positioning needs:

Supervision needs:

Requires 1-on-1 supervision Needs close supervision Can manage own money

Can tell time

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:

Special diet: _____

Toileting Skills:

Toilets independently Wears diapers/pads

Requires catheterization — frequency/Schedule: _____

Student Name _____

Date _____

Behavior: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Is sometimes destructive |
| <input type="checkbox"/> Plays alone | <input type="checkbox"/> Plays in groups | <input type="checkbox"/> Sometimes threatens others |
| <input type="checkbox"/> Sometimes hits, bites, or hurts self/others | <input type="checkbox"/> Hyperactive and/or ADD | |
| Responds to new situations: | <input type="checkbox"/> Well | <input type="checkbox"/> With difficulty |
| Responds to correction: | <input type="checkbox"/> Well | <input type="checkbox"/> With difficulty |

If upset, I am best comforted by: _____

Expresses wants or needs by: _____

Are there any additional concerns not already addressed: _____

A few words about myself: _____

Permission / Authorization Agreement

Please read the following statement carefully and initial in the designated space indicating that you have read, understand, and agree to the provisions.

____ I have fully disclosed to Temple Bible Church and HOCTIL all pertinent facts about my child's special needs and accept full responsibility for missing information.

____ I will supply special foods, drinks, snacks, and diapers/wipes for my child as necessary.

____ I will remain on TBC's campus during the time my child is participating in any ministry event or program (except for respite events).

____ I understand the nature of the program and do hereby release Temple Bible Church, HOCTIL, and its representatives from any liability due to accident or injury incurred by my child.

____ I authorize Temple Bible Church and HOCTIL to publish photos (without his/her name) on our web site, brochures, and social media sites for promotional purposes only.

____ I understand that Temple Bible Church and HOCTIL will not provide any required special treatments or procedures to my child at church events. If my child needs special treatments or procedures, I will make arrangements for them.

____ In case of an emergency or accident, I understand that EMS (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and/or physician charges for emergency services to my child.

I have read and initialed the above permission/authorization and agree to the terms designated in each:

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____