

**Special Friends Intake Form**

Our goal is to partner with parents to help kids become Rooted Deep With God, Rooted Deep with one Another and Reach Wide into the World. We consider every child uniquely created to worship God in their own way or manner. Please help us by filling out this survey so we can know your child and best work with their individual needs.

Child Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Information

Mom’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brother’s/Sister’s Names

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custody Concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact information

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Pref \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact me when:

Tell us about your child’s strengths (go ahead… brag!)

Please list your child’s interests (this helps us form relationships)

Please tell us about any health and medical needs that would allow us to best support your child and keep him/her safe

Epilepsy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Sensitivities/ Hazards\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medical or learning issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us any additional information that would make you feel comfortable as we work with your child

Please circle any tasks with which your child requires help

Remaining on task Communicating Making Friends

Reading Aloud Using the bathroom Staying in the classroom/building

Eating Writing Taking turns Understanding directions

Small-motor activities Large-motor activities Separating from parents

Staying calm while at church Managing loud noises

Managing in a large space with many people

Help us understand the above issues by completing phrases or describing a bit more

When my child gets upset, he/she will

The best way to calm my child is

If my child needs to use the restroom, he/she will communicate by

My child needs some prompting to maintain attention to take turns. The best things to do are

I know my child needs a break when

Other information (avoidances, medical considerations, communication needs, intense focus area, etc)

How can we partner with you and your family as you work together to grow in Christ?

What do you want your child to get out of Special Friends Ministry?

Parent Signature Date

For Staff Use Only

Intake interview\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up 1wk\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3wk\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_