



## **Special Needs Intake Form** **RockPointe Church**

Thank you for filling out this form. We respect your family's privacy and will only use this information for ministry purposes. Please answer the questions below that apply to your child in order that we may best minister to your family.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School child attends: \_\_\_\_\_

Diagnosis/Medical Condition/Disability/Learning Difference: \_\_\_\_\_

\_\_\_\_\_

Behavioral tendencies:

\_\_\_ Shy \_\_\_ Tantrums \_\_\_ Stimming \_\_\_ Biting Other: \_\_\_\_\_

How do you handle behaviors? (calming strategies): \_\_\_\_\_

\_\_\_\_\_

Communication Skills: \_\_\_ nonverbal \_\_\_ verbal \_\_\_ communicative device

Other \_\_\_\_\_

**Care Information/ PLEASE CHECK ALL THAT APPLY (list specifics on back)**

\_\_\_ special diet \_\_\_ allergies \_\_\_ assistance with eating \_\_\_ g/tube \_\_\_ will choke

\_\_\_ drinks with assistance \_\_\_ needs a special cup \_\_\_ must use straw

\_\_\_ needs help in restroom \_\_\_ wears diapers \_\_\_ has meltdowns \_\_\_ will RUN

\_\_\_ will hit \_\_\_ can be aggressive \_\_\_ sensory issues \_\_\_ medical issues

Does your child have a favorite item or toy to carry? \_\_\_\_\_

Things/Activities my child **LIKES**: \_\_\_\_\_

Things/Activities my child **DISLIKES**: \_\_\_\_\_

\_\_\_\_\_

Things my child can do independently: \_\_\_\_\_

\_\_\_\_\_

Things my child can **NOT** do independently: \_\_\_\_\_

\_\_\_\_\_

Does your child require a mobility device? (cane, crutches, wheel chair, etc.)

\_\_\_\_\_

\*I understand at times my child may have the opportunity to be in other areas of the church. It would be a blessing for them to have:

\_\_\_ trained buddy \_\_\_ opportunities for inclusion \_\_\_ mentoring \_\_\_ structure

\_\_\_ self-contained classroom for structure/safety other: \_\_\_\_\_

Please provide any other information that you think would be helpful for us to better assist your child and his/her needs. \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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“The Lord does not look at the things man looks at. Man looks at the outward appearance, but the Lord looks at the heart” (1 Sam. 16:7b)

We have been praying for your family to join us and are looking forward to meeting you. If you have specific questions, please contact **Marnie Piccin** at **469-235-7859** or email at **marnie@rpcstaff.org**.

