HARBORTOWN KIDS

# HELP US KNOW

Questionnaire for Parents of Children with Special Needs

**Date:** _____

**Child's Name:** _____ _____ _____
(First) (Last) (Nick Name)

**Child's Birth Date:** _____ **Current Age:** _____

**Allergies: NO**_____ **YES**_____

**If Yes:**

My child's allergies can be life threatening **No** ____ **YES** _____
My child requires the use of an EpiPen **No** _____ **YES** _____

My child has the following allergies and/or food sensitivities: 1) _____

2) _____ 3) _____ 4) _____

**My child can do these things independently (by himself/herself):**

**Sit** _____ **Walk** _____ **Speak** _____ **Use the Bathroom** _____

**My child can communicate: Verbally** _____ **Other** (describe) _____

**My child may be trying to communicate their need for:**

_____ when he/she does the following behavior _____

_____ when he/she does the following behavior _____

**My child understands instruction best in the following form**

(circle one) Visual / Auditory / Touch. Please describe: _____

_____

continued on second page

**My child needs assistance with: (Describe what kind of assistance is helpful)**

_____

_____

_____

_____

**My child is uncomfortable with or has an aversion to**: _____

**A trigger-point for a potential meltdown is when**: _____

If my child experiences a melt-down he/she calms when we:

_____

_____

My child (circle one) **Does** / **Does Not** enjoy music.

My child's behavior may indicate a medical problem requiring immediate attention when:

_____

Tell us anything else you would want us to know about your child:

_____

_____

_____

_____

We are honored that you will allow us to partner with you to "teach Jesus" to your child. If we can be of help in any way or if you have suggestions please let us know.