



## Special Needs Ministry Parent Inventory

*We are so grateful for the opportunity to serve your child! This form allows a starting point for our Special Needs Coordinator (SNC) as we begin tailoring a ministry plan for your child and family. Please fill out this form prior to your first meeting with our SNC.*

### **Family Information**

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

Parent Name(s): \_\_\_\_\_

Sibling Name(s) and Ages: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Please list the ministries you would like your child to attend (ie: Sunday Worship, Bible Classes, Wednesday Ministries):

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### **Please tell us about your child...**

To help us understand the uniqueness of your child, please explain the nature of your child's disability

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Degree of Severity of the Disability: Mild                      Moderate                      Profound

Child's Fine Motor Skills:                      Mild                      Moderate                      Profound

Gross Motor Skills:                      Mild                      Moderate                      Profound

Child's Developmental Age: \_\_\_\_\_

**Communication Needs**

- Predominately Verbal
- Predominately Non Verbal

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check all that apply:**

- Speaks clearly
- Requires prompts/cues
- Vocalizations not always understood
- Requires prompts to interact

Can express basic needs and wants by using:

- Eye gaze/contact (give example): \_\_\_\_\_
- Gestures (give example): \_\_\_\_\_
- Signs (give example): \_\_\_\_\_
- Assistive Technology (give example): \_\_\_\_\_

**Dietary and Feeding Needs**

List diet restrictions: \_\_\_\_\_

Foods to avoid/allergies: \_\_\_\_\_

Snack foods child enjoys: \_\_\_\_\_

What method of liquid intake does your child use?: \_\_\_\_\_