



## Parent Questionnaire for Children with Special Considerations

At Grace Covenant we care about the next generation. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Grace Covenant and our NextGen workers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer the questions below that apply to your child and that may help Grace NextGen best minister to your child.

Parent Name(s) \_\_\_\_\_ Service You Attend \_\_\_\_\_  
Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

My child has the following diagnosis, medical condition or learning difference:

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

My child's allergies can be life threatening (circle) **Yes No** and require the use of an Epi Pen **Yes No**

My child processes instruction or information best when: (e.g. visual, auditory, experiential, drama)

My child currently receives special education in:

My child has an Individualized Education Plan **Yes No** If "yes" would you be willing to share it with our team? **Yes No**  
If answered "yes" , please describe child's IEP:

The goals I have for my child's development this coming year include (behavioral, social, academic, etc.)

My child has the following interests:

My child can do these things independently:

My child is uncomfortable with or has an aversion to:

A trigger-point for a potential meltdown is when:

When my child experiences a meltdown he/she calms when we:

Doing/seeing/experiencing this one thing is an important part of my child's routine:

My child (circle one) **does** / **does not** enjoy music

My child seems most relaxed in settings (circle one) **alone, with a few children** / **among many children**

My child (circle one) **would** / **would not** enjoy a large group worship experience

My child is really picky about:

My child may be trying to communicate their need for (describe) \_\_\_\_\_ when he/she exhibits the following behavior:

My child is prone to seizures (circle one) **Yes** **No**

If yes, tell what prompts the seizure and how we can prevent/respond:

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