



Murrysville Alliance Church

Intake Form and Questionnaire for Children with Additional Needs

Form Completed By:	
Date:	
Special Friend's Name:	
Special Friend's Birthday:	DOB
Parents'/Caregiver's Name(s):	
Siblings' Names and Ages (Birthdays):	DOB

Contact Information:

Phone Number(s)
Email Address:
Address:

Additional Information

My loved one's diagnosis, medical condition or learning difference:
My loved one has a history of seizures (circle one and describe): Yes / No
My loved one's has the following allergies and/or food sensitivities:
My loved one has issues with pica (circle one and describe): Yes / No
My loved one's main mode of functional communication:
My loved one may be trying to communicate their desire/need for _____ when he/she exhibits the following behavior:

My loved one has the following area(s) of interest(s):

My loved one needs assistance with (circle all that apply, add additional areas of needs and explain):

toileting - eating - drinking - using scissors - walking

My loved one is uncomfortable with or has an aversion to:

A trigger-point for resistance, frustration, or behavioral problems may emerge for my loved one when:

When/if my loved one experiences a period of frustration, he/she calms when we:

My loved one is comforted with the following item or phrase:

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

Please circle which characterizes how your loved one feels about the following: (describe if necessary)

1. Enjoys music - Does not enjoy music

2. Most relaxed: alone - with a few people - among a group of people

3. Enjoys a large group worship experience: Yes - No

4. Prefers playing: alone - with others

5. Loud noises: does not bother my loved one - upsets my loved one

6. Physical touch (tapping on hand, arm or shoulder to gain attention or assisting using hand-over-hand approach):
does not bother my loved one - upsets my loved one