Family Profile

*Complete one application for each child with special needs. (All information on these forms will be kept strictly confidential.)

Today's date _____/ _____/ _____

Last Name:_____ First Name:_____

Male_____ Female_____ DOB ___/ ___/ _____ Age:_____ Height:_____ Weight:_____

Name of School:_____ Grade:_____

Family's Profile

Mother: Last Name:_____ First Name:_____

Address:_____

City:_____ State/Zip:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ Home Email:_____

Father: Last Name:_____ First Name:_____

Address (If different):_____

City:_____ State/Zip:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ Home Email:_____

Siblings Living at Home

1. Last Name:_____ First Name:_____
   Gender: _____ DOB:_____ Age:_____
2. Last Name:_____ First Name:_____
   Gender: _____ DOB:_____ Age:_____
3. Last Name:_____ First Name:_____
   Gender: _____ DOB:_____ Age:_____

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temple-ruston.org/255-3745

Emergency Information

If you cannot be reached in case of an emergency, please name two local contacts to whom you authorize release of your child:

Contact 1: Last Name:_____ First Name:_____

Relationship to child:_____

Address:_____

Home Phone:_____ Other Phone:_____

Contact 2: Last Name:_____ First Name:_____

Relationship to child:_____

Address:_____

Home Phone:_____ Other Phone:_____

Child's Diagnosis

Please check all that apply and degree of severity.

Diagnosis:		Mild:	Moderate:	Profound:	Comments
ADD/ADHD					
Autism					
Cerebral Palsy					
Developmental delay					
Down Syndrome					
Emotional Disability					
Fragile-X Syndrome					
Hearing Impaired					
Language/Speech Disorder					
Learning Disability					
Mental Retardation					
Multiple Handicaps					
PDD Spectrum					
Physically Disabled					
Rett Syndrome					
Seizure Disorder					
Tourette's Syndrome					
Visual Impairment					
Other					

Briefly describe you child's disability:

_____

_____

_____

_____

Medical or Special Concerns

Please check all that apply and explain.

Seizures:_____

_____

_____

G-Tube:_____

_____

_____

Positioning:_____

_____

_____

Epi Pen:_____

_____

_____

Other:_____

_____

_____

_____

Toileting/Hygiene

Please check all that apply and explain.

Uses toilet independently:_____ _____

_____

Uses toilet with supervision:_____ _____

_____

Needs transfer assistance:_____ _____

_____

Follow a schedule:_____ Times:_____

Wears Diapers/Pull-ups:_____ Special changing instructions:_____

Signs/Gestures for toilet/change needs:_____ Describe:_____

_____

Other:_____

_____

_____

My Child Really Loves

Please share the activities your child really loves to do: (Indoor/Outdoor)

_____

_____

_____

_____

Child's Primary Physician

Name:_____ Phone Number:_____

Address:_____ City, State, Zip:_____

Please list medications that are administered regularly.

	Medication	When Taken	Dose	How is it administered?
1.				
2.				
3.				
4.				
5.				

Please list all allergies to medicines both oral and topical.

	Allergy	Severity of Reaction	Action Steps
1.			
2.			
3.			

Behavior

Please share behavior concerns we should be aware of (biting, scratching, aggressive behavior):

_____

Please explain behavior management plan being used at home/school to modify any inappropriate behavior that my be exhibited: (Our goal is to maintain consistency in the implementation of this plan and work with you in the process.)_____

_____

_____

_____

Mobility

Please list any mobility requirements or special equipment:

_____

_____

_____

_____

Communication

Please check any that apply and explain.

Predominantly Non-verbal:_____ _____

Predominantly Verbal:_____ _____

Speaks clearly:_____ _____

Requires prompts/clues to initiate:____ Example:_____

Expresses basic needs/wants by:

Eye gaze/contact:____ _____

Gestures:____ Example:_____

Signs:____ Example:_____

Assistive Tech:____ Example:_____

Other:____ Example:_____

Care Giver Instructions

(The most important things my care giver needs to know about me)

Dietary and Feeding

I CANNOT eat these foods due to allergies or diet restrictions:_____

_____

_____

I enjoy these foods/snacks:_____

_____

Please check any that apply and explain:

Eats by mouth:____ _____

Independent with set up:____ _____

Eats by G-Tube:____ _____

Feeds self with prompts:____ _____

Uses special utensils/cup:____ _____

Requires supervision/physical assistance while eating:____ _____

_____

THE JOURNEY PLACE

TEMPLE
BAPTIST CHURCH
COME GATHER AROUND THE WORD
1515 S Service Rd W Ruston, LA 71270