



## Child Assessment Form

Date: \_\_\_\_\_

Student's name: \_\_\_\_\_ (Male / Female)

Birth date: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' e-mail: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Other Phone Numbers: \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

School student attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Specific type of disability: \_\_\_\_\_

Will your family and/or the child need help getting to/from church? \_\_\_\_\_

### Medical Concerns

Is your child on medication? (Yes / No) Type(s): \_\_\_\_\_

Seizures? \_\_\_\_\_ Allergies? \_\_\_\_\_

Foods/drinks we should not give your child: \_\_\_\_\_

Assistance needed with eating/drinking: \_\_\_\_\_

Is help needed for personal hygiene? \_\_\_\_\_

## In the Classroom

- What are your child's strengths?
- What are your child's weaknesses?
- Older children: gifts/talents he/she would like to use in the classroom:
- My child's understanding of God and their relationship with Christ:
- Activities child enjoys most:
- Mechanical skills (scissors, crayons, glue, etc):
- Special fears:
- Are there certain sounds, sights, or objects which cause your child distress? How so?
- Can you think of any physical modifications that we will need to make in the classroom?
- Is there anything you would like us to tell your child's classmates about this disability?

- How long is your child's attention span?
- Are movement breaks required?
- How do we recognize the need for movement breaks?
- Are quiet times or spaces needed?
- How can a buddy assist?

## **Behavior**

- Please describe your child's behavior problem (hits, runs away, throws objects, self abuse, etc.)
  
- What happens prior to/causes this behavior? Is it usually in response to something else?
  
- How often does this behavior occur?
  
- Is there a risk of harm to the child or others in the classroom? Please explain.
  
- In what settings is this behavior likely to occur? (home, school, work, with strangers, etc.)
  
- What is the most successful way to deal with this behavior? Can it be redirected?
  
- Can you suggest a positive reinforcement for your child (items or experiences he/she especially enjoys)?

# Permission/Authorization Agreement

Please read the following statements carefully and initial in the designated space indicating that you have read, understand, and agree to the provisions.

\_\_\_\_\_ I have fully disclosed to Bethel Church all pertinent facts and medical conditions about my child(ren)'s special needs and accept full responsibility for failure to do so.

\_\_\_\_\_ I understand that no medication will be given.

\_\_\_\_\_ In case of an emergency or accident, I understand that (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and/or physician charges for emergency services to my child.

I have read and initiated the above permission/authorization statements and agree to the terms designated in each.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)