

## Questionnaire for Parents/Guardians of Children with Special Needs

In order for us to plan accordingly for "Second Sabbath: A Special Time of Grace" Services, please fill in the questionnaire below and return to:

### Second Sabbath

Wolcott Congregational Church, 185 Center Street, Wolcott, CT 06716

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_

List any special needs your child has:

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Please list the names and ages of family members/others who will be regularly attending the service with your child:

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Please check any applicable information that might be helpful for us to plan and minister to your child.

Short attention span/easily distracted

Allergies If checked please list:

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EPI PEN required and available?

Temper tantrums or easily upset by \_\_\_\_\_

Challenges with transitions (changing from one activity to another)

Aggressive behavior

Challenges with changes in routine

Shyness

Challenges with following directions

Challenges with fine motor skills (cutting, pasting)

Special bathroom needs – please explain

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Adaptive Equipment needs – please explain

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Difficulty completing activities

- \_\_\_\_ Needs visual presentations
- \_\_\_\_ Not able to read
- \_\_\_\_ Trouble sitting in a group
- \_\_\_\_ Issues with separation anxiety from \_\_\_\_\_
- \_\_\_\_ Tends to run (leaves classroom, wanders)
- \_\_\_\_ Difficulty with loud noises/open spaces/unexpected touch/textures

Please offer any additional information you feel would be helpful i.e. situations your child finds difficult or enjoyable, interventions you have found to be successful or helpful. You may use the other side of this page if needed.

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Our goal is to provide your child and family with a rewarding spiritual experience. Your input is greatly appreciated and will be seriously considered when planning our monthly time of grace. We all look forward to becoming part of a beautiful and special gathering for worship and faith formation. Upon receiving your completed questionnaire you will be contacted by one of our trained volunteers to answer questions and to become better acquainted with your child's needs.

Parent/Guardian signature \_\_\_\_\_  
 Date \_\_\_\_\_

\_\_\_\_ My child may be included in photographs and videos used for the purpose of promotion of Second Sabbath. I understand these may be posted on church websites and Second Sabbath informational fliers and brochures. It is my understanding that my child's name and our family name will not be identified at anytime without specific, additional permission by a parent or guardian.

Any questions or concerns please contact: The Rev Sue Strachan 203-879-4002

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