Buddy Ministry Participant Intake

CONFIDENTIAL

Location: ☐ Brentwood ☐ Franklin Service Time: __________

Child Information

Student's Name: ____

Grade: ____

School: ____

Family Members: ____

Age: ____________ Birthday: ______ / ______ / ______ ☐ Male ☐ Female

Phone: ______________________________ Email: ______________________________

Child resides with: ☐ Mom ☐ Dad ☐ Both ☐ Other

Caregiver Information

Name(s): ____ ☐ Mother ☐ Father ☐ Guardian

Address: ____

City: ______________________________ State: ____________________ Zip: ______________

Phone: ______________________________ Email: ______________________________

Emergency Contacts

In case of emergency, the following persons may be called and are authorize to pick up my child:

1. Name: ______________________________ Phone: ______________________________

   Address: ____

   Relationship: ____________________________

2. Name: ______________________________ Phone: ______________________________

   Address: ____

   Relationship: ____________________________

Medical and Insurance Information

In case of an emergency, the following information is helpful:

Child's Primary Physician: ________________________________ Phone: ________________________

Do you have a medical plan of care for emergency procedures? ☐ Yes ☐ No If yes, please attach a copy for us. The same plan that you have for school or a daycare provider would be great.

Please list any medications that are taken on a regular basis:

____

____

To help us understand the uniqueness of your child, please explain the nature of your child's disability (including the name of the syndrome, if known):

____

____

What is the degree of severity of the disability? ☐ Mild ☐ Moderate ☐ Profound

What special equipment does your child use, if any? Include hearing aids, glasses, wheelchair, etc.)

____

Dietary and Feeding Skills

☐ Please do NOT feed my child during service.

List diet restrictions: ____

____

Foods to avoid/allergies: ____

____

Snack my child enjoys: ____

____

What method of liquid intake does your child use (please explain): ___________________________

☐ Bottle ☐ Sippy Cup ____

☐ Open cup ☐ Straw ____

☐ Tube ____

What method of eating does your child use (please explain): ______________________________

☐ Independent ____

☐ Independent with set-up ____

☐ Does not eat/drink by mouth ____

☐ Eats by G-tube ☐ Eats by mouth ☐ Uses special utensils/cup

☐ Uses fingers ☐ Uses spoon ☐ Requires supervision/physical assistance while eating

☐ Uses fork

Toilet/Hygiene Skills

☐ Uses toilet independently ☐ Uses toilet with supervision

☐ Needs assistance, please describe: ____

☐ Follows a schedule, please list times: ____

☐ Wears diaper/pull ups, please give any special instructions: ______________________________

____

____

☐ Has bladder issues, please explain: ____

Please share any signs or gestures that your child may give to indicate his/her need to be changed or go to the restroom: ____

____

____

☐ Volunteers should ask your child if they need to use the toilet when in our program.

Communication Skills

☐ Predominantly verbal ☐ Predominantly non-verbal ☐ Predominantly uses ASL

Please check all that apply:

☐ Speaks clearly

☐ Vocalizations not always understood

☐ Requires prompts/cues to initiate

☐ Requires prompts/cues to interact

Can express basic needs and wants by using:

- ☐ Eye gaze/contact
- ☐ Gestures, give example: ______________________________
- ☐ Signs, give example: ______________________________
- ☐ Assistive technology (picture boards, books, talkers), please describe: ______________

  ____

☐ Follows spoken requests

☐ Responds to signed or gestural requests or instructions

How does your child indicate "yes" or "no" when asked if he/she wants something, wants to go somewhere, or needs a person? ____

Will your child use other behavior(s) to communicate a want/need (cry, hit, run away)? ☐ Yes ☐ No

Please explain: ____

____

____

Your child can understand what others say:

☐ All the time ☐ Most of the time ☐ Some of the time ☐ Recognizes voices of family members

Motor Skills

Child's fine motor skill level: (i.e., handling small items) ☐ Mild ☐ Moderate ☐ Profound

Child's gross motor skill level: (i.e., larger movements) ☐ Mild ☐ Moderate ☐ Profound

Please describe any modifications or special positioning needed by your child: ____________________

____

Behavioral Skills

Behavior concerns

Please share about any behaviors of which we should be aware. Specify what the behavior looks like (screaming, dropping, biting, scratching, etc.) rather than giving general descriptions (angry, upset):

____

____

When do these behaviors typically occur? ____

____

____

Are they more likely to occur with a specific gender? ☐ Yes ☐ No Which gender? ☐ Male ☐ Female

Check all that apply:

☐ Non-compliance
☐ Difficulty with transition
☐ Shy
☐ Outgoing
☐ Adapts to new situations well
☐ Running away/elopement
☐ Hyperactive/ADD
☐ Plays alone
☐ Plays in groups
☐ Responds to correction well
☐ Adapts to new situations with difficulty
☐ Unusual interest in sight, feel, sound or smell of things
☐ Self-injurious/self-aggressive, please explain: ______________________________
☐ Tantrum, what behaviors does this include? ______________________________
☐ Aggression, what form does this take (hitting, biting, etc.)? ____________________
☐ Property destruction (throws, breaks, slams objects): ________________________

Behavior modification plans

Please explain, in detail, the behavior management plan that is being used at home and at school to modify inappropriate behavior. Our goal is to maintain consistency in the implementation of this process:

____

____

____

____

What is your child's response to separation? ____
____
____

What is your child's response to playing with other kids? _________________________________
____
____

What activities, games or toys does your child enjoy? ____________________________________
____
____

What are some positive activities, games, statements or actions that are helpful to reinforce good behavior in your child? ____
____
____
____
____

Additional Information

Please check one:

☐ I would prefer a one-on-one Buddy with my child.

☐ A Buddy in the classroom is sufficient.

☐ My child is self-sufficient, when their needs are made known to the teachers.

Please list any resources (i.e., specialists, therapists, nursing or home health care agencies) that you use/have used and that you would recommend to other families.

Name: ______________________________ Phone: ____________________

Specialty: ___________________________ ☐ Currently using ☐ Used in past

Name: ______________________________ Phone: ____________________

Specialty: ___________________________ ☐ Currently using ☐ Used in past

Name: ______________________________ Phone: ____________________

Specialty: ___________________________ ☐ Currently using ☐ Used in past

Please recommend any other helpful resources for families that we could share:
____
____
____

Authorization to Provide Medical Services Release

If you or the emergency contact cannot be reached in an emergency and if, in the judgment of Fellowship Bible Church children's ministry, immediate medical attention is required, I hereby authorize Fellowship Bible Church to send my child, properly accompanied, to an available hospital or doctor and authorize the treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach you, the parent(s).

I understand that the information given on this registration form is confidential.

Parent/Guardian:

Printed name: ____

Signature of parent/guardian: ______________________________ Date: ______ /______ /_________

Please note that photography and video recording may take place while you're here. Your presence on the campus signifies your consent to Fellowship Bible Church using your image. Thanks for your cooperation.

If you have any questions, please contact Angie Hook: 615-277-9565 or ahook@FellowshipNashville.org

To return the form:

- Drop off at Fellowship Bible Church offices during the week between 8:30am-4:30pm.
- Drop off at teacher check-in during any weekend service.
- Scan and email: ahook@FellowshipNashville.org
- Fax to Fellowship Bible Church at 615-777-8501, attention Angie Hook.