

# Information Sheet for Children Served by LFMC Special Needs Ministry

Name of Child \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

In order to provide support for your child, you'll need to attend the same Sunday service each week.  
Service you'll attend:  9:00 a.m.  10:35 a.m.

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

Interests and favorite things to do \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interventions that are helpful \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interventions that don't work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What might trigger an outburst or cause your child stress? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child resistant to touch, such as a pat on the back or arm? \_\_\_\_\_

\_\_\_\_\_

Is it ok to reward your child? If so, what would be preferred rewards (i.e. stickers, candy)?

\_\_\_\_\_