

ACCESS VACATION BIBLE SCHOOL CHILD INTAKE QUESTIONNAIRE

Access Vacation Bible School for people with disabilities is open to all ages 6+ (including adults), taking place August 13 & 15 from 10AM-Noon at St James Episcopal Church. All are welcome regardless of race, color, national origin, or any other attribute.

I. Primary Information

Child participant's name: _____

Preferred Name: _____

D.O.B.: ___/___/___ Age: _____ Gender: _____

Address: _____

Child lives with: ___ Both Parents ___ Mother ___ Father
___ Grandparents ___ Guardian

Primary Contact Name(s): _____

Phone: _____

Other Phone: _____

E-Mail: _____

Home church (if applicable): _____

Name(s) of approved person(s) to pick child participant up:

II. Care Needs

Please tell us about your child's primary health/developmental needs that would allow us to best support your child and keep them safe.

Physical

Medical Diagnosis (if any): _____

Allergies: _____

Food Sensitivities: _____

Fine Motor Impairment (Handling Small Items): Y / N

If Yes, indicate: Mild Moderate Severe

Gross Motor Impairment (Large Movements): Y / N

If Yes, indicate: Mild Moderate Severe

Epilepsy / Seizures: Y / N If yes, please describe:

Vision Impairment: Y / N

Hearing Impairment: Y / N

Physical / Motor Impairment: Y / N

Does your child use an assistive device? (i.e. wheelchair, walker, crutches, communication device) Y / N

If yes, please describe

Communication

Can communicate with others using:

Sentences Words Babbling Gestures Sign Language

AAC Device

Can understand what others say:

Always Most of the Time Some of the Time

Does not Understand

Toileting Skills:

Toilets Independently: Y / N

Currently Being Potty Trained: Y / N

Trained but needs Assistance: Y / N

Diapers / Pull-Ups: Y / N

Behavioral (Please circle all that apply):

Shy

Plays alone

Easily distracted

Outgoing

Plays in groups

Remains on task

Takes Turns/Shares

Difficulty taking turns

Adapts to changes well

Adapts to changes with difficulty

Occasionally destructive

Attempts to run away

Threatens Others

Curses/Name calls

Occasionally aggressive

Puts non-edible things in mouth

Needs movement breaks

Separates from parents well

Separates from parents with difficulty

Does your child have any fears? Y / N If yes, please describe

Trigger points that may result in behavioral problems / frustration from my child include (things that may make your child upset):

We know your child will need a break when he/she:

My child is best comforted by:

My child lets someone know that he/she wants or needs something by:

Preferred motivators / rewards (i.e. specific candy, stickers, verbal affirmation):

Do we have permission to offer motivators / rewards? Y / N

Sensory Issues (Please circle all that apply): Touch

Noise Crowds

Bright Lights

Colors

Smells

Other

Please describe:

Educational

What type of classroom does your child attend? (i.e. self-contained, general education)

Does your child have an IEP or a 504 Plan? Y / N

Does your child have a one-to-one aide at school? Y / N

My child processes instruction & information best when it is (Circle all that apply):

Visual Auditory Hands-On

How Your Child is Fearfully & Wonderfully Made:

Areas of interest/hobbies/favorites:

Strengths:

III. 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 St James Episcopal Church all pertinent facts about my child's special needs.

_____ I will supply special snacks, drinks, toys, chews, communication devices, and/or physical devices for my child if you indicate is necessary.

_____ I understand the nature of the program and do hereby release St James Episcopal Church and its representatives from any liability due to accident or injury incurred by my child.

_____ I authorize St James Episcopal Church to publish photos of my child _____ (without his/her name) on the SJEC website, SJEC social media, and/or SJEC brochures for promotional purposes only.

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

Signed: _____

Date: ____/____/2024

If you have any questions, please contact Access VBS Co-Director Eleanor Agnew at 920-973-5005 or agneweleanor@yahoo.com