

Child Getting-to-know-you Survey

(The information you provide on this survey will be considered confidential. It will be used to help us better understand God's handiwork in your family member, and his or her unique pattern of gifts and needs.)

Child's Name: _____ Date: _____

Address: _____

DOB: _____ Phone: _____ Email: _____

(Feel free to use and attach an extra piece of paper if you need more space to write your answers)

1. What activities does your family member enjoy doing the most?

2. Each one of us is a combination of areas of strength and areas of need. What do you see as your family member's strength areas?

3. What do you see as your family member's areas of need?

4. What type of diagnosis or educational designation does your family member have?

5. Tell me a bit about your story. Did you know from birth that your family member had special needs? What has your journey been like over the last few years?

6. What are your goals and dreams for your family member as it relates to the church environment?

7. What is your biggest concern for that type of environment?

8. What gifts has God given your family member that he/she could use to minister to others?

9. Does your family member currently receive any medical treatments, medications, or health support that the church will need to know about? Please explain.

10. For each of the following areas, please tell me about the current skill level of your family member:

- Speaking:
- Understanding spoken words (following directions, understanding vocabulary, etc.):
- Writing skills: (prefer handwriting/typing):
- Gross motor skills (walking, crawling, sitting, moving, etc.):
- Self-care skills (eating, drinking, dressing, using the bathroom, etc.):
- Attention ability (sticking with an activity, focusing attention on a book, etc.):
- Spiritual understanding and awareness (enjoys worship music, participates in prayer, enjoys Bible stories, etc.):
- "Academic" skills (enjoys books, recognizes name in print, knows colors and shapes, counting, matching, sorting, reading, etc.):
- Social and emotional skills (getting along with people, frustration level, relationships with peers and adults, etc.):

11. What therapy or educational support does your family member currently receive?

12. What church programs (e.g., Sunday School, Kids' Club, Youth Group, etc.) would you like your family member to attend this year? Please indicate grade level _____.

13. Is there anything else you feel would be helpful for me to know that's not included on this survey? Feel free to describe any levels of speaking, understanding spoken words, writing skills, gross motor skills, self-care skills, attention ability, spiritual understanding and awareness, "academic" skills, social and emotional skills, etc. if desired.

Name of person filling out survey: _____

Contact info of this person (if different from child's information): _____