



Unique Needs Information Form

This form is meant to be used in a conversational format. The questions should be asked by a member of the youth team and notes taken. It is always helpful to have a conversation to better understand someone's needs and concerns. This form is to help you capture the pertinent information. Try to keep the conversation informal, friendly and comforting. Many parents can feel anxiety, misunderstood or alone in this journey. We want them to feel loved and cared for by our parish family in Christ.

Start your conversation by assuring the family that the youth team wants to provide the safest and most beneficial environment for their child. Begin and end with a prayer together. Assure the parents that this information is confidential and only shared with those on the team who need to know.

Youth Information

Child Name _____ DOB _____ Grade _____

Primary Diagnosis _____

Additional Diagnosis _____

Family Information

Mother _____ Cell Phone _____

Father _____ Cell Phone _____

Additional Guardian _____ Cell Phone _____

Preferred email _____

Siblings (please list name and age)

Custody Concerns Yes No Please explain if needed.

Sensory

Are there any sensory concerns or needs? Yes No

If yes, please explain:

What do you do, if anything, to support the sensory needs?

Is there anything you can provide us or we can provide to support your child's sensory needs (headphones, fidgets, dimming lights, etc

Behavioral

Are there any behaviors that your child has that you'd like us to know about and that you can give tips on how to best help him/her with such behaviors, what they mean, etc...? Yes No If yes, please explain what they are:

Does your child have a behavioral management plan? Yes No

If yes, would they be willing to share that plan with the youth team and will be kept confidential. Yes No If yes, date the plan was received or last update in our files _____

Ask if you will be able to review the plan with them when it is received.

Do you have any tips or "things that work" on managing the behaviors that we could incorporate in the ministry?

Does your child have an IEP? Yes No

If yes, would you feel comfortable sharing the IEP with the team? Again – it would be kept confidential and in a safe place. If possible, we could incorporate some of the IEP into the youth program and church school classes.

If yes, date received and most updated copy received _____

IEPs change regularly so it is good to check in at least once a year for updates with the family.

Supports

Does your child have aid/specialist support in your home or in public for a few hours a week (i.e. Wrap Around)?

Yes No

If yes, would your TSS (Therapeutic Support Staff) or BSC (Behavioral Specialist Consultant) be willing to join us at a youth event/church school for their input and advice? Yes No

TSS/BSC name _____ Email (if provided)

* Remember to follow-up if the support services agree to visit and set up a date.

Does your child use a visual schedule or something similar? Yes No

Could you provide us a sample so we can make one for use during our sessions/classes? Yes No

* Follow up with the visual schedule so appropriate ones may be created for youth ministry use.

Reinforcers

What reinforcers do you use currently with your child? (Youth team – remember to check in on this FREQUENTLY and update. These change regularly) For example: snacks, verbal praise, immediate reward, preferred activity, watch a video etc.

What does your child like, i.e., special characters, videos, movies, toys, cars etc.?

Does your child have any special items such as dolls, cars, weighted blanket, or chewy that they like to have with them or provides comfort?

One-on-one Support

Does your child need one-on-one support? ? Yes No

If yes, would you like to provide that support or would you like someone from our team such as an adult or parish buddy?

Family will provide support _____ Name of person _____

* Please inform the family their one-on-one support person will need to provide the proper clearances to be kept on file with the youth team.

Parish should provide the support _____ Ask the parent/guardian if there is anyone in the parish that your child responds well to.

Would you like a parish buddy to sit with your family during church services? Yes No

Physical

Does your child need any physical accommodations or adaptive equipment? (take notes next to each)

Special seating Head phones

tablet

Ramp

auditory (lower speech or high volume)

braille

- sign language interpreter
- level floor (no steps)
- glasses
- Engraved icon
- other

Health/Mental Health & Medical Needs

Does your child have any food or environmental allergies? Yes No

Please list. (if yes, do they need an epi-pen?)

Does your child have any food sensitivities? Yes No

Please list.

Does your child take any medication(s) that we need to be made aware of? Yes No

Please list. Will we need to have any of the medication on-site during youth activities/church school.

Does your child need any help with toileting? Yes No

If yes, please explain the need and how we may assist.

Is your child currently struggling with any mental health issues that we should be aware of? Yes No

Please explain so we may best serve them

Task Assistance

Please indicate any tasks your child may need assistance with and suggestions for any assistance:

- | | |
|---|---|
| <input type="checkbox"/> Staying on task | <input type="checkbox"/> Communicating/making friends |
| <input type="checkbox"/> Understanding Directions | <input type="checkbox"/> Large-motor skills |
| <input type="checkbox"/> Fine-motor skills | <input type="checkbox"/> Separating from parents |
| <input type="checkbox"/> Eloping(staying in room/building | <input type="checkbox"/> Staying calm |
| <input type="checkbox"/> Managing in loud noise | <input type="checkbox"/> Reading aloud |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Taking turns |
| <input type="checkbox"/> Maintaining personal space | <input type="checkbox"/> Being in large groups |

To better understand the tasks above, ask the parent/guardian the following questions:

When your child gets upset or frustrated they might...

The best way to calm your child when upset or frustrated?

When might your child need a break?

What does your child do well?

What are your child's gifts?

Family Spiritual Formation Needs

How can we partner with you and your family as we work together to grow in Christ?

What do you hope your child will get out of our youth programming/church school?

Do you or does anyone in your family need any support? Time for respite? There are many supports provided by the uoc St. Nicholas Ministry as well as special needs family support from the Fully Human ministry of the GOA Center for Family Care.

Is there anything else you would like for us to know?

Form completed by (name of youth team member)

Date completed

Dates updated