

# Special Needs Assessment

Vineyard Children's Ministries

Date \_\_\_\_\_

Student's name \_\_\_\_\_

Birthdate \_\_\_\_\_

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

Parents' address \_\_\_\_\_

\_\_\_\_\_

Parents' email \_\_\_\_\_

Phone: home \_\_\_\_\_ Phone: cell \_\_\_\_\_

Back-up emergency person/number \_\_\_\_\_

Sibling's name/age \_\_\_\_\_

\_\_\_\_\_

School student attends \_\_\_\_\_

Diagnosis \_\_\_\_\_

Diagnosis in lay terms \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific type of disability \_\_\_\_\_

Is your child on medication? \_\_\_\_\_

Types of meds \_\_\_\_\_

Seizures? \_\_\_\_\_

**Allergies?** \_\_\_\_\_

**Foods allergies?** \_\_\_\_\_

**Does student need assistance eating/drinking?** \_\_\_\_\_

**Does student need help for personal hygiene?** \_\_\_\_\_

**Communication skills** \_\_\_\_\_

**Reading level** \_\_\_\_\_

**Writing level** \_\_\_\_\_

**What are your child's strengths?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Weaknesses?** \_\_\_\_\_

\_\_\_\_\_

**Special gifts/talents?** \_\_\_\_\_

\_\_\_\_\_

**Child's understanding of God/relationship with Christ** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Past Sunday school/church experience** \_\_\_\_\_

\_\_\_\_\_

**Activities child enjoys most** \_\_\_\_\_

\_\_\_\_\_

**Any particular fears?** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any behaviors that might disrupt a class?\_\_\_\_\_**

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**If so, what do you normally do to redirect his/her behavior?\_\_\_\_\_**

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**What do you consider your son's/daughter's greatest challenge in social groups with peers?\_\_\_\_\_**

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**What kind of support has been successful for him/her?\_\_\_\_\_**

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**Any additional information we should know?\_\_\_\_\_**

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