

Thank you for your interest in the Special Needs Ministry at Brooks Avenue Church of Christ. We are so glad you have chosen to spend some of your time with us! The Special Needs Ministry at Brooks Avenue Church of Christ has established a Sunday morning classroom for the express purpose of keeping your child safe while you take time to worship the Lord with other believers. This class is appropriately named: "The Eagles" class, for the children's abilities to help us all soar to new heights. As teachers, we hope that these children learn as much from us as we learn from them! Please take a moment to fill in this questionnaire, keeping in mind that we need to know what plans, goals, etc. that you may be working with your child on, in order to keep consistency while they are in this class. You should feel comfortable elaborating on any details of your child's characteristics without fear. We are here to love your child with the love of the Lord! Then bring this questionnaire with you to class and give it to the teacher. If we have any questions, someone will call you soon. Otherwise, feel free to communicate any needs with us as you visit in the future and we will make every effort to accommodate your families' desires to the fullest of our ability so that you can feel confident and secure that your child is safe and comfortable while in our care. If you have any questions at all, please don't hesitate to write to: [specialneeds@brooks.org](mailto:specialneeds@brooks.org).

Sincerely,

Melinda Oldham

Special Needs Coordinator

Brooks Avenue Church of Christ

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Address, phone \_\_\_\_\_

What is child's diagnosis? \_\_\_\_\_

Please explain in layman's terms what your child's diagnosis means \_\_\_\_\_

\_\_\_\_\_

Any special diets or allergies? \_\_\_\_\_

Are there things that overwhelm your child such as loud noises, large groups, or certain activities, etc.? Please list \_\_\_\_\_

\_\_\_\_\_

What types of activities work best with your child? For example, active play in the gym, quiet time in relaxing area, crafts, etc. \_\_\_\_\_

\_\_\_\_\_

Is your child able to use the toilet on his/her own? If no, please explain \_\_\_\_\_

\_\_\_\_\_

Additional comments or suggestions \_\_\_\_\_

\_\_\_\_\_