



Special Needs Questionnaire (birth-5th grade)

today's date

head of household first name

last name

child's first and last name

DOB

grade

gender

relationship

Please list any special needs your child has:

Please check applicable information that might be helpful for volunteers to best minister to your child:

Short attention span/easily distracted

Allergies (please list): _____

Temper tantrums

Challenge with transition

Aggressive behavior

Challenges with changes in routine

Shyness

Challenges with following directions

Challenges with fine motor (cutting, pasting)

Special bathroom needs (please explain): _____

Difficulty completing activities

Needs visual presentations

Can't read

Trouble sitting in a group

Issues with separation anxiety

Tends to run (leaves classroom without permission; wanders)

Tends to be possessive

Helpful special suggestions about your child (for example, "Don't allow arguments between my child and another child to escalate.")

Do you want to be notified if there's a challenge with your child?

Yes _____ No _____