

Questionnaire for Parents of Children with Special Needs

Date _____

Child's Name _____

Child's Age _____ Child's Grade _____

Parent's/Guardian's Name _____

Parent's/Guardian's Contact Number _____

Where will you be while your child is in this class?

List any special needs your child has:

Can your child be included with other children in class? _____

Check any applicable information that might be helpful for volunteers to best minister to your child:

_____ Allergies

Please list: _____

_____ Short attention span/easily distracted

_____ Temper tantrums

_____ Challenges with transitions

_____ Aggressive behavior

_____ Challenges with following directions

_____ Shyness

_____ Challenges with changes in routine

_____ 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:

Do you want to be notified if there is a challenge with your child? Yes _____ No _____