

God's Masterpieces Special Needs Ministry

participant profile

First Baptist Atlanta cares for each participant inside our ministry. These questions are asked for the benefit of your family member, so that we may provide the best experience and safest environment for everyone involved. We respect your right to privacy. Any information on this form is communicated directly with those caring for your family member. Please answer the following applicable questions.

Participant's Information:

Name:		Prefers to be Called:	
Date of Birth:	Gender:	Age:	

Contact Information:

Current Address:	
Email Address:	
Home Phone:	Cell Phone:
Does the participant live (check one): With Family Alone In Assisted Care	
Sibling's Name(s) & Age(s):	
Notes:	

Parents/Caregivers Information:

Name(s):	
Address (if different from participant):	
Email Address:	
Home Phone:	Cell Phone:

Emergency Contact: (if parents cannot be reached)

Name:	
Home Phone:	Relationship:
Is this participant able to leave on their own? Yes No	
Other persons authorized to pick up this participant from church and/or respite:	
Please share your heart in describing this person's strengths, abilities, blessings and contributions:	

Allergies: (Please list participant's allergies)

Allergy	Severity of Reaction	Action Steps

Please circle one:			Comments:
Outdoor Allergies	Y	N	
Food Sensitivities	Y	N	
Outdoor Sensitivities	Y	N	
Bee Stings	Y	N	
Animals	Y	N	
EpiPen Provided?	Y	N	

Personal/Medical Information:

Medical and/or Psychological Diagnosis:

Medication	When Taken	Dose	How is it administered?

If on medication, what notable side effects should we be aware of:			
Prone to Seizures	Y	N	If so, what kind?

Educational/Work Information:

Currently in School: Yes No	School:
Current Grade:	Current Job or Worksite:
Strengths:	
Challenges:	
Reading Ability:	
Best Learning Techniques:	

Likes & Dislikes:

Favorite Activities:
Favorite People:
Favorite Possessions, Objects or Toys:
What activities or toys are frustrating or upsetting?
Any fears or concerns?

Behavioral:

If this person is upset or scared, what is the best way to calm him/her?
What are triggers for disruptive behavior?
Calming Techniques:
Items that make the person feel safe:

Please circle one:			Comments:
Sensitivity to Sounds	Y	N	
Sensitivity to Noise	Y	N	
Sensitivity to Touch	Y	N	
Sensitivity to Smells	Y	N	
Exhibits Impulsive Behaviors	Y	N	
Exhibits Aggressive Behavior	Y	N	
Prone to Elopement	Y	N	

<p>Please explain any behavior management plans being used at home or at school to modify any inappropriate behaviors that may be exhibited. <i>Our goal is to maintain consistency in the implementation of this plan and work with you in the process:</i></p>
Any present stimming (self-stimulation) behaviors:

Independence:

Please circle one:			Comments:
Uses the Restroom Independently	Y	N	
Uses the Restroom with Supervision	Y	N	
Needs Transfer Assistance in the Restroom	Y	N	
Follows a Restroom Schedule	Y	N	
Wears Diapers/Pull-Ups	Y	N	

Mobility:

Please circle one:			Comments:
Needs Help Transitioning to Other Rooms	Y	N	
Uses a Wheelchair	Y	N	
Uses a Walker	Y	N	

Communication:

Please circle one:			Comments:
Any Communication Disorder	Y	N	
Predominately Non-verbal	Y	N	
Predominately Verbal	Y	N	
Speaks Clearly	Y	N	
Requires Prompts/Clues to Initiate	Y	N	

Expresses Basic Needs/Wants By:

Please circle one:			Comments:
Communication Device	Y	N	
Sign Language	Y	N	
Eye Gaze/Contact	Y	N	
Gestures	Y	N	
Other	Y	N	

Other communication concerns or needs:
Other concerns or needs that should be addressed:

 Person Completing this Survey

 Date Completed: (we desire to update these forms yearly)

May we include your contact information in a class directory? Yes No

Thank you for completing this Participant Profile!

Please save the completed document and email it to mbodin@fba.org.