

Saratoga Federated Church
Sunday School Special Needs Assessment

Date: _____ Student's name _____ Birthdate _____

Parents' names: _____

Parents' address: _____

Parents' email: _____ Phone(home): _____ (cell): _____

Back-up emergency number/person: _____

Siblings (names and ages): _____

School student attends: _____

Specific type of disability: _____

1. Diagnosis: _____

2. Diagnosis in lay terms: _____

Is your child on medication? __yes __no

Types: _____

Seizures? _____ Allergies? _____

Foods/drinks we should not give your child? _____

Is assistance needed with eating/drinking? _____

Is help needed 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: _____

Special fears: _____

Does your child have any behaviors that might disrupt a Sunday School class? If so, what do you normally do to control his/her behavior?

Any additional information we should know? _____
