Gifted Stars Welcome Packet

General Info

General contact information for parent(s) and child.

Child's Name: _____ Gender ☐ M ☐ F Birthdate: _____

Email Address: _____ Age: _____ Grade: _____

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Which method of communication is preferred?: ☐ Cell Phone ☐ Email

Medical Information

Please provide a medical background and diagnosis so that we may better serve you and your child.

Child's Primary Diagnosis:

_____

_____

_____

List any additional health problems Destiny World needs to be aware of (seizures, asthma, cough, allergies) etc.

_____

_____

_____

Child's Name: _____

List all medications your child is currently taking:

_____

_____

_____

Restrictions

Please let us know about any restrictions your child may have.

Has your child been hospitalized or treated in an emergency room recently?

_____

_____

Are there any physical conditions, past operations, or injuries which should restrict activity? If yes, please explain:

_____

_____

_____

Care Needs

Please provide some details about the care needed for your child.

Vision:

☐ Normal ☐ Impaired ☐ Blind

Assisted Devices Used:_____

Hearing:

☐ Normal ☐ Impaired

Assisted Devices Used: _____

Speech:

Mode of Communication:

☐ Speech ☐ Gestures ☐ Sign Language

Assisted Devices Used: _____

Child's Name: _____

Mobility:

☐ Walks ☐ Wheelchair

☐ Walker ☐ Scooter

☐ Crutches ☐ Cane

Please describe transfers if applicable:

_____

_____

Bathroom Visits:

☐ No Assistance ☐ Partial Assistance ☐ Total Assistance

If assistance needed:

☐ Diapers ☐ Pull-ups

How does your child indicate needing to use the toilet?

Do you give permission for our special needs volunteers (only women) to change your child or take your child or take your child to the restroom if needed?

☐ Yes ☐ No

Classroom Behavior:

Any specific behavioral challenges we need to be aware of (ex. runs away, may bite, may injure self, etc.)?

_____

_____

_____

Any specific triggers for these behaviors:

_____

_____

_____

Child's Name: _____

Successful ways to deal with these behaviors:

_____

_____

_____

What is your child's favorite playtime activity?

_____

_____

_____

How he/she is best comforted?

_____

_____

_____

At this time, which program fits your child best?

☐ Gifted Stars Classroom ☐ Mainstream/Integrated Classroom

By signing this form, you are indicating your agreement to communicate thoroughly with the Gifted Stars Ministry providing any assistance needed with my child.

Completed by: _____ Date: _____

Relationship to the child: _____

_ _

For Internal Use Only

Date Received: _____ Received By:_____