



## ACTION SURVEY

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB & Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

My child has the following diagnosis/medical condition/learning challenge:

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My child's behavior may indicate a medical problem requiring immediate attention when:

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My child has the following allergies: \_\_\_\_\_

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My child is  is not  sensitive to lights, motion, or sound. Additional comments:

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My child's favorite activity is: \_\_\_\_\_

My child's favorite snack is: \_\_\_\_\_

My child may show resistance or frustration when:

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When my child is frustrated, he/she calms down best by:

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Is your child able to use the restroom independently? Yes  No

My child will need assistance with the following task:

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My child communicates best:

verbally  audibly  with pictures  with written words  with sign language

Additional comments: \_\_\_\_\_

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My child learns best:

visually  audibly  hands on

Additional comments: \_\_\_\_\_

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Our Action Ministry staff and volunteers care for each participant inside our ministry. We appreciate your input and ask you to keep us informed with any new information that will help us best serve your family. The above questions are asked for the benefit of your child so that we may provide a safe and fun environment that is conducive to learning about the love of Jesus Christ. Our trained staff and volunteers will strive with the best of our abilities to follow guidance provided by this questionnaire, within the church policies and resources.

Our church does not provide medical care of any kind; if the need arises the parents will be contacted immediately. If there is an emergency situation, 911 will be called as well as the parents. We respect your family's right to privacy and will share information on this form only with those directly involved in caring for your child. Thank you for helping us serve you and your child better.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_