

# Thrive Ministry Questionnaire for Salem Covenant Church

Date: _____			
Child's Name: _____		Male: _____	Female: _____
Date of Birth: _____	Age: _____	Grade: _____	
Mother's Name: _____		Phone #: _____	
Father's Name: _____		Phone #: _____	
Siblings: _____			

My child has the following diagnosis, medical condition, or learning difference: \_\_\_\_\_

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My child has the following allergies and/or food sensitivities: \_\_\_\_\_

My child's allergies can be life threatening YES/NO and DOES/DOES NOT require the use of an EpiPen.

My child's main mode of functional communication is: \_\_\_\_\_

My child processes instruction or information best when presented:

VISUALLY-Pictorial      VISUALLY-Using Words      AUDITORILY      KINESTHETICALLY

My child currently receives therapies or special instruction in: \_\_\_\_\_

My child DOES/DOES NOT have an Individualized Education Plan (IEP).

If yes, please explain: \_\_\_\_\_

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When considering behavior, academics, and social skills, the goals I have for my child this year include:

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My child has the following interests:

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My child needs assistance with:

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My child is uncomfortable with or has an aversion to:

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Triggers for my child include:

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Calming strategies that work the best for my child include:

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My child does best with transitions and routines when:

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My child has the following tendencies: \_\_\_\_\_ Shy \_\_\_\_\_ Outgoing \_\_\_\_\_ Anxious \_\_\_\_\_ Threatening

\_\_\_\_\_ Aggressive \_\_\_\_\_ Hurts self \_\_\_\_\_ Hurts others \_\_\_\_\_ Difficulty following directions \_\_\_\_\_ Fleeing

How does your child react to being separated from you: \_\_\_\_\_

If your child is having a difficult time, at what point do you want to be contacted? \_\_\_\_\_

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