

**Individualized Plan Questionnaire**  
**CONFIDENTIAL**

Parent Name(s): \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

- ◆ Describe your child's special needs (explain any treatments, therapies, or adaptations that your child responds well to, e.g. sensory integration therapy, PECS/picture exchange communication system, sign language, etc.)

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- ◆ When working with your child, are there any life threatening, emergency, or safety issues that classroom volunteers should be aware of?

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- ◆ What are your child's strengths and weaknesses?

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- ◆ What goals (short and long term) would you like to set for your child that can be achieved in the Sunday school class?

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- ◆ What grade level do you think is the most appropriate for your child (2-3 years, 4-5 years, 1st grade, 2nd grade, etc.)?

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- ◆ Our policy is to place children with special needs in regular Sunday school classrooms. Do you feel your child will need a one-on-one aide in the classroom?

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- ◆ Please list any special instruction (include toileting/changing, medical diets/food restrictions, medication, allergies, etc.)

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**PLEASE RETURN THIS COMPLETED FORM TO** Kristen Gephart, Children's Ministry Interim Director, at the SPC Office, 22522 NE Inglewood Hill Rd. Sammamish, WA 98074  
425.868.5186 x133 [kristengephart@spconline.org](mailto:kristengephart@spconline.org).