



GatewayKids Plus Child Profile and Placement

Personal Data

Child's Name _____ DOB: _____

Address: _____ Grade: _____

Family Profile

Father's Name _____ Ph#: _____

Mother's Name _____ Ph#: _____

Email _____

Does the child live with both parents? _____

Are there any custodial arrangements that Gateway needs to be made aware of?

Siblings: _____ DOB: _____

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Diagnosis:

We believe every child is made in the image of God. A diagnosis does not define an individual but “child of God” does. However, knowing your child’s diagnosis will help us serve your family better.

___	ADD/ADHD	Mild	Moderate	Severe
___	Autism Spectrum	Mild	Moderate	Severe
___	Cerebral Palsy	Mild	Moderate	Severe
___	Down Syndrome	Mild	Moderate	Severe
___	Emotional Disturbance	Mild	Moderate	Severe
___	Epilepsy/Seizures	Mild	Moderate	Severe
___	Learning Disability	Mild	Moderate	Severe
___	Intellectual Disability	Mild	Moderate	Severe
___	Speech/Language Delayed	Mild	Moderate	Severe
___	Tourette Syndrome	Mild	Moderate	Severe
___	Traumatic Brain Injury	Mild	Moderate	Severe
Other: _____		Mild	Moderate	Severe

Parent Description: *In your own words, describe your child. Please let us know what makes your child unique. Feel free to write more on the back of the paper!*

Medical Issues: *Please list any medical issues/special concerns:*

Toileting/Special Care

Is your child toilet-trained?

How does your child communicate their toileting needs?

Is your child independent with all toileting/self-care needs? If assistance is required, please describe the assistance they will require.

Other information:

***Please note after the age of 4, parents or legal guardians will change all special needs individuals.*

Dietary/Feeding

Does your child have any food allergies? If so, please list:

Is your child independent with feeding or require any special assistance?

Does your child have any dietary restrictions?

Communication

Is your child verbal or non-verbal?

If non-verbal, do they communicate using ASL, gestures or any assisted technology devices?

Behavior

Behaviors (positive and negative) exhibited at home (*parent input*):

Behaviors (positive and negative) exhibited at school (*parent and/or teacher input*):

Does the child have a behavior plan at home or school? Would you be willing to provide a copy to be kept in a confidential file at church?

What are effective ways to reinforce positive behavior? (Time-out, ignoring behavior, withholding, behavior chart)

Brainstorm about how to make Sunday morning class time a positive experience for child:

Notes on Child Placement: (to be filled out by church staff)

Signatures:

_____	Parent Signature
_____	Parent Signature
_____	Church Staff
_____	Church Staff

Date _____