

# FUN FACTS AND HELPFUL HINTS

## Parent Form



Child's Name \_\_\_\_\_ Age \_\_\_\_\_ LifeKids Room \_\_\_\_\_

*Please describe the nature of your child's disability, illness, condition, or needs.*

<b>My child likes:</b>	<b>My child dislikes:</b>	<b>My child is motivated by:</b>
<b>Signs my child is upset:</b>	<b>Signs my child is in pain:</b>	<b>Signs my child needs to use the restroom:</b>
<b>Signs for other needs my child may have:</b>		
<b>Things that make my child feel better:</b>		
<b>Other details we should know:</b> <i>(Please include allergies, sensitivities, triggers, talents, skills, gifts, etc.)</i>		

*Please circle all the answers that best describe your child.*

**Do you think your child needs a one-on-one Buddy?**    Yes    No

**My child's toileting skills:**    Independent    Needs assistance    Uses diapers/not potty-trained

**My child communicates in these ways:**

Verbally    Non-verbally    Sign language    Communication Device    Picture Board

Other *(Please describe)* \_\_\_\_\_

### Parent or Guardian Contact Information

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ May we text you? \_\_\_\_\_ Email \_\_\_\_\_

This form is to be given to parents who are having a one-on-one Buddy assigned to work with their child.

**It is highly recommended to laminate this form and keep it on file where Buddies can access it easily on the weekends.**

The Buddy (or Buddies) working with the child will use this form as a starting point for getting to know the needs of the child they're working with.

This form will help the Buddy understand the best ways to keep the child regulated so they can hear the message God wants to speak to them each week.