



# VBS Registration Form

## Special Needs Considerations

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

1. How does your child best communicate his/her needs? \_\_\_\_\_  
\_\_\_\_\_
2. How does your child communicate when she or he does not want something? \_\_\_\_\_  
\_\_\_\_\_
3. What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_
4. What are your child's challenges? \_\_\_\_\_  
\_\_\_\_\_
5. What does your child like to do? \_\_\_\_\_  
\_\_\_\_\_
6. How does your child socialize/make friends? \_\_\_\_\_  
\_\_\_\_\_
7. Are there any aggressive/inappropriate behaviors we should know about? \_\_\_\_\_  
\_\_\_\_\_
8. Are there any triggers of inappropriate behaviors? \_\_\_\_\_  
\_\_\_\_\_
9. What are some things that help hold your child's attention? \_\_\_\_\_  
\_\_\_\_\_
10. Does your child have any dietary or environmental issues we should be aware of? \_\_\_\_\_  
\_\_\_\_\_
11. Does your child have physical limitations? If so, briefly describe: \_\_\_\_\_  
\_\_\_\_\_
12. Are there medical issues we need to be aware of (seizures, diabetes, medications)? \_\_\_\_\_  
\_\_\_\_\_
13. What are some ways we can help your child learn about God's love? \_\_\_\_\_  
\_\_\_\_\_
14. Is there any thing else you would like for us to know? \_\_\_\_\_  
\_\_\_\_\_