

# V1 Special Needs Intake Form

Visalia First cares for each individual in our special needs ministry. These questions are asked for the benefit of your child and so that we may provide the best possible experience and safest environment for everyone involved. V1 and our special needs ministry partners respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your loved one and only on a "need to know" basis. Please complete the questions below which apply to your child and return to the Sensory Room at V1 in the NexGen building.

## Personal information:

Date: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Student Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

## Emergency Contact Information:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Preference: \_\_\_\_\_ Please contact me when:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

My child's main form of communication is:

\_\_\_\_\_

My child may be trying to communicate their need for (describe)

\_\_\_\_\_ when he/she exhibits the following behavior.

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

\_\_\_\_\_  
\_\_\_\_\_

My child can do these things independently:

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My child needs assistance with:

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Physical accommodations: (seating, lighting, accessibility, break-time area, sensory needs or sensitivities, etc.)

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Communication accommodations: (materials to best communicate message, Bible version, visual or auditory supports, methods/materials to facilitate prayer times, etc.)

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My child has the following area(s) of interest:

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My child is uncomfortable with or has an aversion to:

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When my child gets frustrated, resists, or behaviors emerge he/she will:

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When/if my child experiences a period of frustration, he/she calms when we:

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If my child needs to use the restroom, he/she will communicate by:

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My child is most comfortable in settings (circle one): alone, with a few children, a group of children

My child (circle one) does/does not enjoy music.

My child (circle one) would/would not enjoy a large group worship experience.

My child is prone to seizures (circle one) Yes/No

If yes, please explain type/triggers/warnings:

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My child's behavior may indicate a medical problem requiring immediate attention when:

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Other important information:

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How can we partner with you and your family as you work together to grow in Christ?

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I agree to provide my child's IEP or IPP: Yes\_\_\_\_ No\_\_\_\_ to assist in my loved ones care.

**I have read this intake form and verified that the information above is true.**

**Permission/Authorization Agreement:**

Please read the following statements carefully and initially to indicate that you have read, understand and agree to the provisions.

\_\_\_\_ I have fully disclosed all pertinent facts about my child's special needs and accept full responsibility for missing information.

\_\_\_\_ I will supply all food, drinks, snacks, and diapers/wipes for my child as necessary.

\_\_\_\_ I will remain on Visalia First campus during the time my child is participating in any ministry event.

\_\_\_\_ I understand the nature of the program and hereby release Visalia First and its representatives from any liability due to accident or injury incurred by my child.

\_\_\_\_ I authorize Visalia First to take and publish photos of my child (without his/her name) on our V1 website and social media.

I have read and initialed the above authorization statements and agree to the terms designated in each:

\_\_\_\_ Date:\_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_ Date:\_\_\_\_\_

**Church Representative Signature**

**Student placement Date:** \_\_\_\_\_

(cc: 3/2025)

