

WELCOME, NEW SUPERHEROS!

In an effort to help us better minister to your SUPERHERO, please take a moment to help us get to know you better by filling out the below information.

Student Name: _____ **Age:** _____ **Grade:** _____

Birthdate: ____/____/____ **School:** _____

Parent(s) Name(s): _____

Address: _____ **City:** _____ **Zip:** _____

Email Address: _____

Cell Phone: _____ **Other Phone:** _____

FOR THE SAFETY OF YOUR SUPERHERO:

Who has permission to pick up your SUPERHERO? _____

What food or other sensitivities/allergies should we be aware of? _____

Is your SUPERHERO prone to choking on small objects? _____ Yes _____ No

Is your SUPERHERO prone to seizures? _____ Yes _____ No

HELP US MINISTER TO YOUR SUPERHERO:

What is/are your SUPERHERO'S special need(s)? _____

Any specific challenges we should be aware of in assisting your SUPERHERO? _____

Preferred Communication:

_____ Non-Verbal ... if non-verbal, my child best communicates through _____

_____ Verbal

Anything else we should know? _____

Restroom Usage: When it comes to using the restroom, my SUPERHERO ...

_____ Is potty trained and can complete bathroom procedures independently.

_____ Is potty trained but will need assistance.

_____ Requires special attention that I prefer to be paged for.

What kinds of things tend to stress/over-stimulate your SUPERHERO?

What behaviors does your SUPERHERO tend to exhibit when stressed/over-stimulated?

What is most helpful in assisting your SUPERHERO in calming down?

What does your SUPERHERO excel at? What are their favorite activities/areas of interests?

Any other information you would like us to know? Any other helpful hints that would enable us to help your student feel like a SUPERHERO? (Feel free to use the reverse side.)