



Buncombe Street United Methodist Church UNIQUE NEEDS AWARENESS FORM

Purpose: We want your child to experience an Abundant Life in Christ in the most successful way by supporting them in their unique needs so we can best serve them.

Note of Discretion: The information on this form will only be shared only with their classroom teacher as needed. Use discretion. Please initial any information you do NOT want to be shared with classroom teachers.

Today's Date:		Re-review:	
CHILD'S INFORMATION			
Child's last name:		First:	Birthdate
		Age:	
Sex:	Sunday School Room/Grade:	Parent's Name(s):	Emergency Contact (During Service):
Describe (generally) your child's unique need (medical, behavioral, or classroom support):			
ALLERGY OR MEDICAL NEED			
List any allergy that we should be aware of:			
In the event your child has an allergic reaction, what steps should we take:			
Does your child have any other medical needs we need to be aware of (ex. Diabetes, seizure, etc)?			
Please explain how we can best support your child's medical needs in the classroom?			
SOCIAL OR EMOTIONAL NEEDS (INCLUDES BEHAVIORAL)			
Describe your child's unique emotional or social need:			
Does your child need additional support in a group educational setting? (describe)			
Are there supports in place that help your child be successful in the classroom? If so, explain.			
(Continued on Back)			

SOCIAL OR EMOTIONAL NEEDS (INCLUDES BEHAVIORAL) – CONTINUED

Does your child experience any sensory issues? If so, please describe.
When my child is upset, he or she... (ex. anxiety-induced behavior, running away, biting, hitting, etc)
How is your child best comforted when they are upset or angry?
Are there any toileting needs?
Please provide us with any additional pertinent info that will help us in providing your child with a safe and exciting place to learn about Jesus:

Please use the "Getting to Know You" form to help us help our teacher personalize your child's experience at church.
Turn in completed forms to Stephanie Horowitz or Gayle Quay in the BSUMC Downtown Campus, church office.

CHILD'S ACTION PLAN

Created by:	Date:
Reviewed by Parent:	Date:
Reviewed by Staff:	Date:
Shared with Teachers by:	Date: