



## Inclusion Ministry Participation Form

Name \_\_\_\_\_

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Small Group or Large Group (please circle)

Diagnosis \_\_\_\_\_

Parent Names \_\_\_\_\_

Sibling Names and Ages \_\_\_\_\_

Contact # (Can be reached during service) \_\_\_\_\_

Does your child benefit from a visual schedule? If so, what type does he/she prefer? (ex. Picture schedule, written schedule with check boxes, object schedule, etc.)

Strengths and interests –

What makes your child happy (motivators for good behavior)?

Preferred indoor leisure activities (ex. Walk, iPad, reading A to Z, Cascade App, Country music, etc.) Include things that would interest your child during service.

Any issues to be aware of when going outside?

List television, book, or cartoon characters that interest your child.