



DATE \_\_\_\_\_

# ROC Buddies Bio Sheet

*We respect your family's privacy. This information is shared with those involved in caring for your child so they will know and understand any specific needs.*

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_ **Gender:** M F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St/Zip:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Tell us about your child:**

Tell us something wonderful about your child. What are your child's strengths?

What things or activities does your child like?

What things or activities does your child dislike or fear?

What suggestions do you have for including / encouraging your child?

Does your child have a specific disability/diagnosis?

If your child is taking medication, are there side effects we should be aware of?

NAME	YES	NO	Explain

**PLEASE MAKE ROC STAFF AWARE / CHECK MEDICATION IN WITH CHILDREN'S STAFF AT DROP OFF**

**Does your child have:**

	YES	NO	Explain
Allergies			
Asthma			Rescue Plan:
Respiratory Problems			
Hearing Problems			
Hearing Aids			
Vision Problems			
Seizures			Rescue Plan:
Other			

**Development and Mobility: (Please Circle)**

Walks independently

Uses Braces / Orthotics

Uses Gait Trainer / Walker

Uses Wheelchair

Explain

**Development and Eating: (Please circle.)**

**NOTHING BY MOUTH**

Food Aversions

Parent Provided Snack Only

Restricted Diet

Explain

**Development and Toileting: (Please circle.)**

Diapers / Pullups

Requires Assistance

Independent

**It is the policy of River Oak Children's Ministry to contact Parents if children over the age of Two need assistance or attention during their time in ROC Kids Ministry.**

**Development and Communication: (Please circle.)**

Talks near or at a typical level for age

Talks in sentences but may be hard to understand

Says words

Non-Verbal but vocalizes

Has Communication Device

Uses Sign Language

Primary Language other than English

Explain

**Development and Attention / Focus: (Please circle.)**

Near or at a typical level for age

Short assistance / focus

Follows simple One-Step Directions

Follows simple Two-Step Directions

Difficulty with transitions

Needs 1:1 assistance for success

Elopes / runs from area

Other:

..  
**Does your child struggle in the following areas? (Please circle)**

- |                             |                          |                |
|-----------------------------|--------------------------|----------------|
| Biting                      | Hitting                  | Yelling        |
| Pushing                     | Aversion to touch        | Withdrawal     |
| Refusal to follow direction | Elopement / running away | Throwing items |
| Other                       |                          |                |

How do you handle this / these behavior?

**Gradeschool and Older: Development and Education (Please circle.)**

	YES	NO	EXPLAIN
Near or at grade level			
Reads on level			
Writes on level			
504 / IEP			
Some Inclusion / Self-Contained classroom			
Other:			

**Please provide any other information that might be helpful for us to know:**

**We should contact you if:**

**Thank you for entrusting your child to us.**

**It is our goal for your child to hear Bible Lessons and Stories, participate in support activities and learn about the love of Jesus, while growing in relationship with peers and their Volunteers. Our Children's Director, Special Needs Coordinator, ROC Buddies' Coaches and Volunteers will work together to develop an Individual Spiritual Plan (ISP) that allows for these things. *This is ministry, this is not therapy.***

Bio	Intro	ISP