



PARENT INFORMATION SHEET

You may also complete this form at graceclarksville.com/thrive

Name of Parent/Guardian _____ Date _____

Participant Name _____ DOB _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-mail _____

Form completed by (name) _____

My child has the following diagnosis, medical condition or learning differences

My child has the following allergies/ or food sensitivities

My child's main mode of functional communication is

The goals I have for my child while he or she is in Thrive this year

My child has the following areas of interest

My child can do these things independently

My child needs assistance with

My child is uncomfortable with or has an aversion to

A trigger-point for resistance, frustration, or behavioral problems may emerge for my child when

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

Doing/Seeing/Experiencing this one thing is an important part of my child's routine

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

My child may be trying to communicate a want/need (describe) when he/she exhibits the following behavior

My child seems most relaxed in settings:

Alone with a few children among many children

My child enjoys music

Yes No

My Child is prone to seizures

Yes No

My child would enjoy a large group worship experience

Yes No

Other information:

Class Placement (completed by church staff):