

Parkview Christian Church Special Needs Ministry: Parkview CARES

Caring for, Assisting, and Respecting Everyone with Special Needs

“Parkview CARES” is a ministry to families with special needs. Our goal is to include children and adults with disabilities in our church community by providing the support they need to participate as fully as possible, so that they may hear the life-changing message of Jesus Christ.



At least initially, this will be an inclusion program and we hope to accomplish the above by:

- Assessing those being ministered to through a parent questionnaire and an observation by a member of the “Parkview CARES” ministry team
- Training parents, teachers and volunteers to include the child or adult in our current Sunday ministries
- Pairing children with special needs with a peer Buddy or a one-on-one volunteer for Sunday services - the parent will choose which service they would prefer to attend
- Providing the opportunity for volunteers to develop a relationship with that child in order to minister to them more fully and assist them in participating in various children’s ministry activities
- Assessing adult needs on an individual basis and offering an 11:00 AM adult Sunday School class

Parkview CARES Assessment Tool

Child or Adult’s Name: _____

Date of Birth: _____ **Age:** _____

Daytime Phone Number: _____ **Evening Phone Number:** _____

Mother’s Name: _____ **Father’s Name:** _____

Who does the child or adult reside with? _____

Does your child/adult attend school? _____ **Where?** _____

Type of placement in school (i.e.: inclusion, resource room, self-contained classroom, one-on-one aide) _____

Is your child on medication? _____ **If so, what medication(s) and how are they administered?** _____

Can your child handle being with more than one volunteer? _____

Siblings:	At Home?	Age
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____

Other key relative(s) actively involved with your child/adult:

Name	Relationship	Where do they reside?
_____	_____	_____
_____	_____	_____
_____	_____	_____

What medical diagnosis has been made regarding your child/adult's special needs?

Please check any applicable information that might be helpful for volunteers to best minister to your child/adult:

_____ Short attention span/easily distracted

_____ Allergies: Please note that Parkview is a peanut free zone (please list)

_____ Temper tantrums

_____ Difficulty with transitions

_____ Aggressive behavior (please describe): _____

_____ Difficulty with changes in routine

- _____ Shyness
- _____ Difficulty following directions
- _____ Difficulty with fine motor skills such as cutting and pasting
- _____ Special bathroom needs (please explain: _____)
- _____ Difficulty completing tasks
- _____ Needs visual presentations
- _____ Cannot read
- _____ Difficulty sitting in a group
- _____ Issues with separation anxiety
- _____ Tends to run or wander (leaves classroom without permission)
- _____ Tends to be possessive

Helpful suggestions about your child (for example, I redirect my child by...):

Is your child's speech understandable to people who don't know him/her? _____

How does your child communicate basic needs (using the toilet, asking for a drink)?

Does your child use sign language or another communication device? _____

What special care needs should we be aware of? _____

If your child is having a difficult time, at what point do you want to be notified?

Spiritual Needs of the Family

1. **Are you currently a member of a church?** _____
If yes, which church and how long. _____
 2. **Are you currently an active member of a Bible Study Class?** _____
If so, which one, when and where? _____
 3. **Does your child/adult regularly attend a Bible Study?** _____
If yes, which one and where? _____
 4. **What Biblical concepts does your child/adult understand (God, Jesus, Church, Salvation, Heaven....)?** _____
 5. **Has your child/adult made a Profession of Faith in Jesus Christ as his/her Savior?** _____
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Emotional Needs of the Family

1. **Parent(s): are you actively involved in a support group with other parents of children with special needs?** _____
If yes, which one and where does it meet? _____
2. **How are the sibling(s) handling the emotional issues of being a sibling of a person with special needs?** Please explain: _____

3. **Are the sibling(s) of the person with special needs involved in an emotional support group of other siblings of children/adults with special needs?** _____
If yes, where and when does this group meet and how does it assist them in handling the emotional issues involved? _____

Family's Physical Needs

1. What ministry events (i.e.: Kids Connection classes, special events) are you seeking for your child/adult? _____
2. What special adaptations are necessary for your child/adult to participate in the above events? _____

The goal of Parkview Christian Church's Special Needs Ministry is to include your child/adult with special needs in as many ways as we can.

Which of the following would be beneficial to your child/adult?

_____ One-on-one assistant in the classroom to assist my child/adult (do they have this assistance at school and why do you believe they need it at Parkview?)

_____ Special modifications to the curriculum such as: _____

_____ One-on-one assistant to accompany my child to activities to handle things such as:

_____ Adaptive equipment in the classroom and activities such as: _____

_____ Other accommodations needed: please describe: _____

Would you like to be included in providing care for your child and/or do you know of any potential volunteers for your child? _____

Please sign and date: Name _____ Date _____

Please note that you will be asked to update this form each year

Please return to: Parkview CARES Ministry Coordinator
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