

UP Profile - Unique Person
(under 18 years old)

Name: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ e-mail: _____

Parents/Guardian: _____

Siblings (name & age): _____

Educational Information:

Currently in school ___Y ___N Type of placement/diagnosis: _____

Strengths: _____

Challenges: _____

Allergies: _____

Able to eat snacks: ___Y ___N Needs assistance: ___Y ___N

If on medication, what notable side effects should be aware of:

Independence:

Need assistance with restroom ___Y ___N

Need help moving from room to room ___Y ___N From car to church ___Y ___N

Any communication disorder ___Y ___N Uses communication devices ___Y ___N

Communication concerns or needs list below:

Devices Used: Hearing aid ___Y ___N Wheelchair ___Y ___N

Behavioral:

Sensitivity to: Sounds ___Y ___N Noise ___Y ___N Touch ___Y ___N

Exhibits: Impulsive Behaviors ___Y ___N Aggressive Behavior ___Y ___N

Triggers for disruptive behavior

Calming Techniques

How do you want the church to serve you?

Parent's Signature _____

Date _____