

REFLECTORS Individualized Worship Plan

Individual's Name: _____ D.O.B. ___ / ___ / ___

Parent(s)/Guardian(s): _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email (if applicable): _____

Disability type: _____

Strengths & Abilities: _____

Challenges: _____

Preferred/enjoyed Activities: _____

Motor skills: _____

How does the individual communicate best? _____

When this person needs assistance with re-direction, what:

Works well: _____

Does not work well: _____

Is there a behavior plan in place for the individual at home, school, or work? *(If yes, please fill out a "Behavior Plan" form)* _____

Goals for today/this upcoming season (social/spiritual/behaviorial/etc.)

1. _____

2. _____

Additional Comments/Requests: _____

Parent/Guardian Signature: _____ Date: _____



Medical Waiver Form

Name of Participant: _____ D.O.B.: _____

Address: _____

Name of Parent/Legal Guardian: _____

Primary Phone: _____ Secondary Phone: _____

Medical Insurance Company: _____

Policy Number: _____ Hospital: _____

Physician: _____ Phone Number: _____

Hospital Address: _____

Additional emergency Contact: _____

Relationship: _____ Phone Number: _____

Please list any physical disabilities, health concerns, limitations, allergies, dietary restrictions:

Please list any medication currently being taken:

Statement of Release and Liability Agreement

"I have disclosed, to the best of my knowledge, all pertinent information for my child's personal safety and appropriate medical attention. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by those in charge of the Faith Church Disability Ministry to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

I will also take full responsibility for any charges incurred during medical treatment and do not hold Faith Church liable for any injuries that may occur to my child, and I agree to contact Faith Church in order to keep my child's records up-to-date."

Parent/Guardian: _____ (print name)

_____ (signature)

_____ (date)

REFLECTORS Behavior Management Plan
**if applicable*

Individual's Name: _____

Parent(s)/Guardian(s): _____

Targeted Behavior(s) with descriptions (*what behaviors need to be changed?*)

Antecedents/Triggers (*what causes the behavior(s)? what are some warning signs?*)

Replacement Behavior(s) (*what behaviors would we like to see instead?*):

Proactive Strategies to get there (*e.g. token/reward system, scheduled breaks, etc.*):

Plan for Reacting to the Targeted Behavior (*e.g. ignore, remove from area, etc.*):

Additional Comments/Concerns/Requests: _____

Parent/Guardian Signature: _____ Date: _____