



## Treasure Chest Parent questionnaire

Dear Parents,

In order to help care for your child and create a great experience for them in our program, while ensuring we create the safest environment as possible, it would help our team if you could fill out the questionnaire below.

Please email your response to (*email of person overseeing program*) or return a copy of the questionnaire to the Treasure Chest team leader on the weekend. Please note that this information will be held in the strictest of confidence.

### ***Medical questions:***

1. What are your child's special needs?
2. Does your child have any other medical issues? (e.g. Asthma or anaphylaxis)
3. Does your child have Epilepsy and how is this managed?
4. Does your child have full sight and hearing?
5. How would you describe the process of aiding your child to go to the toilet?
6. Does your child need assistance with eating and drinking?
7. Please have your phone on during the service in case of emergencies, if for some reason we cannot reach you who else would be an emergency contact?

### ***Spiritual questions:***

8. Has your child attended another church? How was this experience for your family?
9. How does your child respond to large worship settings?
10. What would you like your child to receive from their experience at Treasure Chest?

***Social questions:***

11. What are your child's sibling's names?
12. Does your child have any pets, what are their names?
13. Does your child have any obsessions?
14. Does your child go to school? Please describe your child's schooling:
15. Does your child have any behaviours that would harm themselves or others? How would you advise we respond if this happens?
16. How would you describe your child's interactions with other children?
17. What activities does your child enjoy?
18. What dislikes or triggers does your child have?
19. If your child is upset how would you advise we comfort them?

***Educational questions:***

20. To what degree can your child communicate verbally?
21. Does your child use signing or Board Maker?
22. What type of school does your child attend? What type of class do they attend at that school?

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