BUDDY PROFILE

1	Гoday's Date:
Family Information:	
Child's Name:	Age:
LEFC Mailbox / Security Number:	Grade:
Parent's Name:	
Cell Phone Number:	
Tell us about your child:	
Diagnosis:IE	EP:
What type of setting is your child in at school? Please circle. Learning Support Autistic Suppor Other:	
Do you have: Family based / Wrap around services?	_
Does your child have seizures? How often do they occur? Do w occur? What are signs that one is about to happen?	

Allergies:
Medications:Side Effects:
Strengths/Likes:
Does your child have a special pet, friend, movie, or TV program?
<i>Triggers</i> :
Sensory tools/Diet used:
What would help us understand your child's needs? How do they communicate their needs?
Bathroom: We require you to take care of bathroom needs before arriving to church. Please know that if we are short staffed you will be paged to help change your child. In case of an accident, what changing assistance does your child need?
Why do you desire a buddy for your child?
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Hopes for the program:

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Thank you for sharing this information. It will stay confidential and only be shared with a buddy who is trained in our Hands & Feet Ministry. Additionally, all buddies have completed a background check screening and are Kid Safe certified.

Colossians 3:12

Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with **compassion**, kindness, humility, gentleness and patience.