



# Irresistible Church Training

For Disability Ministry

Presented by



# Basic Parent Interview

This simple form can be used to collect information about your friends, allowing you to better serve them during your ministry time.

## Help us to know all you would like us to know about your child!

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

Does your child have a disability? \_\_\_\_\_

If so, please tell us about it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any safety concerns:

\_\_\_\_\_

## Your child's favorite things

Color: \_\_\_\_\_ Books: \_\_\_\_\_

Toys: \_\_\_\_\_ Other favorite things: \_\_\_\_\_

What are some things your child does NOT enjoy?

\_\_\_\_\_

\_\_\_\_\_

What are your goals for your child at church?

\_\_\_\_\_

\_\_\_\_\_

Any other things you would like for us to know about your child or family.

\_\_\_\_\_

\_\_\_\_\_