



Kids Care: Individual Worship Plan

We want to get to know each kid as best as we can, and the questions asked on this form will help us do just that. All information will remain confidential and will only be shared with Kids Ministry staff/volunteers.

Child's Name: _____ Age/Grade: _____

Campus: _____ Service Attending: _____

As you complete this Individual Worship Plan, please remember to share a few things with the family as it fits/flows in the conversation:

Introduce yourself/position

Thank them for their time

Are they familiar with our special needs ministry?

Share our intentionality in offering inclusive ministry and the heart for why we do what we do

Share that we'd like to ask a few questions to get to know their child a little better so that we can set them up for the best possible success during Kids programming

Share our ministry structure

Share an overview with them on what their child's hour will look like

Discuss a course of action and next steps from here

Follow up with action items; forward any tips/tricks/tools that would be helpful for the family to have

Disability Type/Diagnosis:

We don't like labels—but they can be helpful in providing a minimal level of understanding

Strengths and Abilities:

What is he/she good at? What does he/she do well?

Preferred Activities:

What does he/she really enjoy doing? (hobbies, favorite things, or favorite activities, etc.)

Challenges:

What kinds of things are difficult for him/her to do that would be helpful for us to know? Please include any fears/aversions (if applicable).

Re-Direction and Reinforcement Techniques (if applicable):

If the child is having a difficult time participating with the group, what is a helpful way to encourage participation? What works well for you at home/daycare/school? What techniques will NOT be helpful? Additionally, what are preferred "praise" methods (high-fives, stickers, words, etc.)?

Communication:

How does he/she communicate best (Output and Input)? (e.g. verbal, gestures, ASL, electronic devices, PECS (picture exchange communication system) cards, single words, etc.)

Motor Abilities

e.g., does he/she need assistance with mobility (walking or rolling)? Writing/Cutting/Gluing (hand-over-hand)?

Allergies/Dietary Restrictions/Other Health Concerns (if applicable):

Goals/Hopes/Dreams for This Upcoming Year

Could be spiritual, social, behavioral, etc.

Any other information that would be helpful for us to know?

Finally, how can our team be praying for your child and your family?

Staff/Advocate Completing the Plan: _____

Date: _____

REV3/20

