
BUDDY PROFILE

Today'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: _____ IEP: _____

What type of setting is your child in at school? Please circle.

Learning Support

Autistic Support

Mainstream

Other: _____

Do you have: Family based / Wrap around services? Please explain: _____

Does your child have seizures? How often do they occur? Do we need anything special when they 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? _____

Triggers: _____

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? _____

Hopes for the program: _____

Additional Information: _____

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 KidSafe certified.