



Information-Gathering Survey for a personalized plan

Today's Date: _____ Name of Person completing survey: _____

Relationship to, if not the individual whom this information is about: _____

Phone #: _____ - _____ - _____ (preferred method of contact? Y/N)

Email: _____ (preferred method of contact? Y/N)

If you are not the individual to whom the questions apply, fill in the answers for that person.

1. In what ways or ministries do you desire to engage in the life of the church right now?

2. Do we have your permission to share this information with leaders of those ministries in order to support your involvement? (If necessary, a specific list of names can be given for who will receive this information, and/or with whom we can discuss what is shared).

Yes No

3. Please list some strengths, hobbies, gifts and/or interests -What do you enjoy doing?

4. Each person has a combination of areas of strength and of challenge. What is challenging for you?

5. Might there be differences in the following areas? If so, please share a little about that difference, so that we can best support your participation:

Speaking	
Understanding spoken words	
Writing	
Gross motor skills (such as walking, crawling, sitting, moving, etc.)	
Self-care skills	
Paying attention	
Spiritual understanding and awareness	
Social skills	
Emotional regulation (frustration level, sensitivity, etc.)	
Sensation (sight, smell, sound, taste, touch, balance, body awareness)	

6. What, if any, diagnoses, treatments or health information should we be aware of in order to support you? (Please give as much information as you are comfortable sharing, as it will remain confidential and be used for safety, health, and support).

7. Are there plans, procedures, treatments, or specialists that have helped in other settings, from which we might learn? (if contact information is available, and we have permission to contact them, please share that also!)