

Chapter Plan for Special Needs YOUers

Date _____

Names of people completing form: _____

YOUer's Name: _____

Parent/Guardian Name: _____

Parent phone: _____ Cell phone: _____

Agencies/Schools available for contact: _____

Primary form of communication _____

Sensitivities (ie - light, sound, touch) _____

Triggers for inappropriate behavior _____

Effective ways of learning _____

Strategies that have worked to minimize anxiety _____

How will we deal with disruptions in chapter? _____

Assigned 'buddy' (as needed): _____

Check any applicable information that might be helpful in working with your teen.

_____ Short attention span/easily distracted

_____ Temper tantrums

_____ Challenges with transitions

_____ Challenges with changes in routine

- _____ Shyness
- _____ Challenges with following directions
- _____ Difficulty completing activities
- _____ Needs visual presentations
- _____ Can't read
- _____ Trouble sitting in a group
- _____ Tends to run (leaves the room without permission; wanders)
- _____ Tends to be possessive
- _____ Allergies
- _____ Please list: _____

Additional information: _____

After completing this form, the YFM Director and/or YOU Sponsor must file it in a locked drawer at the church to ensure privacy. This information is only to be shared with volunteers who work directly with this teen.