



S.A.I.L

Showing

All

Individuals

Love

Special Needs Support

**Shepherd of the Valley
Lutheran Church**
12650 Johnny Cake Ridge Rd.
Apple Valley, MN 55124
952-432-6351





VISION

S.A.I.L will provide support, outreach opportunities and show the love of Christ to individuals with disabilities and their families. Our vision is to include all people thru worship, education, fellowship, service and prayer.



You can help bring this vision to life in the following ways:

Volunteer: Many volunteers are needed to begin work improving programs and creating more opportunities for people with special needs and their families.

Feedback: We are interested in hearing your experiences and what you think is important in growing this new ministry.

Need support? If you or someone you know has special needs, please let us know how we can support you and make your walk of faith one of joy.

Contact: Julie Bentley
julsmn@comcast.net or 651-683-0635
or sail@sotv.org

Love one another
with brotherly
affection, giving
precedence and
showing honor to
one another.

Romans 12:10

**Showing All
Individuals Love**
Special Needs
Support

S.A.I.L



The purpose of this form is to collect information relative to the needs and circumstances of an individual participating in the programs at SOTV. It is the intention of the SAIL program to use this information to communicate with program leaders and volunteers to enhance your ministry experience wherever possible. A SAIL representative will be contacting you to discuss the information below.

Date: _____ Ministry registering for: _____
Name of individual registering: _____
Age and grade (if applicable) of registrant _____
Name of care taker / guardian: _____
Caretaker / guardian phone number: _____
Caretaker / guardian email address: _____

Diagnosis (Down Syndrome, Autism, Mild Learning Disability etc.)

Medical Information (allergies, diabetes etc.)

Behavioral Concerns (Easily frustrated, doesn't do well in small groups etc.)

What other information should we know in order to best support the participant (based on the ministry you are registering for)?

Does the person registering need an assistant or "buddy"? Yes / No (Please circle)
If we can accommodate, is there a gender preference for an assistant? Male / Female / Either (Please circle)
Could this person share an assistant? Yes / No / NA (Please circle)
How could the assistant help make this a better experience?

Confidentiality Statement:

I understand and give my permission to use the information detailed in this document to enhance ministry and program participation for the named individual. I understand this information may be shared with or distributed to SOTV staff and / or volunteer leaders. Those individuals will treat the information of the individual and family as confidential. The information is to be used only for ministry and program purposes. My signature provides agreement with this document for one year from the date below.

Printed Name / Parent / Guardian

Signature

Date

This portion to be filled out by SOTV leader or SAIL representative

SAIL representative discussion with parent or care-taker

Date: _____ Representative making call: _____

Comments:

Turn in to ministry leader upon completion of call—make copy for SAIL records

Ministry leader discussion with teacher or aide (prior to program onset)

Date: _____ Ministry leader making call: _____

Comments:

Ministry leader follow-up call with teacher or aide (2-3 weeks into program)

Date: _____ Ministry leader making call: _____

Comments: