

**PARISH RELIGIOUS EDUCATION PROGRAM
Child Information Form**

Date _____

Child _____ **DOB** _____

Religious Education Level _____

Religious education goals:

The child and his/her parents/guardians desire that:

Please identify your child's disability _____

Does your child have an IEP? Yes No

If needed, may the parish religious education program have access to your child's IEP?

Yes No

It is understood that this report contains confidential information which may be shared with the religious education program personnel who agree to confidentiality.

Parents/guardians _____ **Date** _____

DRE/CRE of parish _____ **Date** _____

Catechist _____ **Date** _____

Catechist _____ **Date** _____

Other _____ **Date** _____

RELIGIOUS EDUCATION BACKGROUND:

Is your child able to attend Mass? Please comment. _____

Has your child had previous religious education classes: Yes No

If yes, please indicate location and level(s). _____

Circle the Sacrament(s) which your child has received:

Baptism Reconciliation Eucharist Confirmation

Please check all recommended accommodations.

I. COMMUNICATION (*What is the best way to communicate with your child?*)

A. Receptive Language Skills

To communicate with my child:

_____ speak in short sentences; use simple vocabulary

_____ give instructions one step at a time; allow time for the completion of each step

_____ make direct eye contact to focus attention

_____ avoid direct eye contact which distresses him/her.

Other _____

My child has partial hearing

To communicate with my child:

_____ face child so that he/she can read your lips

_____ speak into his/her good ear ___left ___ right

_____ use an assistive listening device (if made available by the family or IU).

Other _____

My child is deaf _____

To communicate with my child:

_____ use American Sign Language *

_____ speak facing child so he/she can read lips

_____ furnish a written outline and notes if possible

_____ arrange chairs in a circle so child can see other children when they are speaking

_____ indicate visually who will speak next

_____ use board, flip chart or technology to write important information when possible.

Other _____

B. Expressive Language Skills

My child:

_____ speaks clearly

_____ responds in brief sentences or phrases

_____ gives one word responses (routinely)

_____ gives yes/no responses (routinely)

_____ processes language slowly

_____ communicates non-verbally by:

_____ pointing

_____ eye movement

_____ gestures

_____ manual signs

_____ manual picture board

_____ electronic picture board

_____ other: _____

Other _____

Recommended accommodations for use by the catechists:

_____ ask if child understood you correctly by repeating what you think you heard

_____ provide more time for language processing by:

_____ repeating the question slowly

_____ requiring think time before any responses

_____ inviting children to signal when they are ready to reply.

_____ provide visual cues to support responses

_____ give alternative modes of expression such as drawing or acting out a response.

Other _____

C. Reading / Writing Language Skills

Please comment on your child's reading ability: _____

My child:

_____ needs someone to read with him/her

_____ uses tape recorded books

_____ uses a computer to write

_____ needs someone to write down his/her responses

_____ needs assistance in writing. Please explain: _____

Other

My child is partially sighted / blind

My child:

_____ uses large print materials

_____ uses tape materials

_____ uses Braille materials

_____ uses computer assisted reading/writing technology: _____ at home _____ in class

Other

II. Motor Skills

A. Fine Motor Skills

My child needs assistance with the following skills:

___ cutting ___ coloring ___ pasting/gluing ___ writing
___ copying from board ___ buttoning ___ zippering ___ tying shoes

Other _____

Comment on useful accommodations: _____

B. Large Motor Skills

My child needs assistance with:

___ sitting down ___ standing up
___ walking short distances ___ walking long distances
___ putting on coat ___ toileting

Other _____

Comment on useful accommodations: _____

My needs mobility assistance:

___ walker ___ wheelchair
___ crutches ___ cane
___ needs a sighted guide (due to low vision needs a peer or aide to assist with mobility)

Other _____

Comment on useful accommodations: _____

III. LEARNING STYLE

My child learns best from:

_____ what he/she hears

_____ what he/she does

_____ what he/she sees

_____ what he/she talks about

_____ what he/she touches/handles

Other _____

What holds your child's attention?

What is distracting to your child?

Please indicate methods/techniques that do not work for your child.

Additional techniques, recommendations and information:

IV. EMOTIONAL / SOCIAL WELL BEING

How will the catechist know if your child is becoming unhappy, agitated or emotionally upset?

Please describe behaviors. _____

What types of events might trigger these behaviors? _____

What are some ways/techniques a catechist might help your child regain emotional composure?

What should we know about how your child interacts socially? _____

Are there social goals we should know about? Explain: _____

Other social or emotional concerns: _____

V. ALLERGIES

A. Foods

My child has allergies to the following foods: _____

My child can have the following snacks: _____

Would the parents/guardians prefer to supply snacks when needed?

Yes

No

B. Pollens

My child has allergies to the following pollens (specify): _____

Are the allergies severe enough to restrict bringing plants into the classroom or going outside?

Yes

No

C. Chemicals

My Child has significant allergies to: _____

D. Animals

My child has significant allergies to: _____

E. Other significant allergies: _____

Instructions in the event of an allergic reaction:

This document is a DRAFT. Please forward suggestions to srschipa@adphila.org to suggest revisions.

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