

**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). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Baptism                      Reconciliation                      Eucharist                      Confirmation

*Please use an X to identify 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 \_\_\_\_\_  
\_\_\_\_\_

*\*(The Deaf Apostolate of the Archdiocese of Philadelphia assists parishes by providing a Religious Education Program in American Sign Language. Contact the Deaf Apostolate at 215-587-3913 or [sr.kschipani@archphila.org](mailto:sr.kschipani@archphila.org) .)*

## 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 \_\_\_\_\_

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### 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 \_\_\_\_\_

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### 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 computer assisted reading/writing technology: \_\_\_\_\_ at home \_\_\_\_\_ in class

\_\_\_\_\_ 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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**My child 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: \_\_\_\_\_

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### 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

### 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

### 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

### Chemicals

My Child has significant allergies to: \_\_\_\_\_

### Animals

My child has significant allergies to: \_\_\_\_\_

**E. Other significant allergies:** \_\_\_\_\_

Instructions in the event of an allergic reaction: *(Please attach more detailed instructions if needed.)*

## VI. MEDICAL CONDITIONS

My child has the following medical conditions: \_\_\_\_\_

My child's current medications are: \_\_\_\_\_

Instructions in the event of a medical emergency: *(Please attach more detailed instructions if needed.)*

### OFFICE OF CATECHETICAL FORMATION

Archdiocese of Philadelphia

222 North 17<sup>th</sup> Street

Philadelphia, PA 191303

Phone: 215-587-3720

E-Mail: [amenna@archphila.org](mailto:amenna@archphila.org)

[www.archphila.org](http://www.archphila.org) (Religious Education)

### OFFICE FOR PERSONS WITH DISABILITIES &

THE DEAF APOSTOLATE

Archdiocese of Philadelphia

Phone: 215-587-3530, Video Phone: 267-507-1215

E-Mail: [sr.kschipani@archphila.org](mailto:sr.kschipani@archphila.org)

[www.archphila.org](http://www.archphila.org) (Office for PD /DA)