

**PARISH RELIGIOUS EDUCATION PROGRAM  
Individualized 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 \_\_\_\_\_

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

Has your child received the following Sacraments: (circle all that apply)  
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 using simple vocabulary

\_\_\_\_\_ give instructions one step at a time watching 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** \_\_\_\_\_

\_\_\_\_\_ 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** \_\_\_\_\_

*(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 [pcpddeaf@adphila.org](mailto:pcpddeaf@adphila.org).)*

\_\_\_\_\_ use American Sign Language (Contact the Deaf Apostolate)

\_\_\_\_\_ 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

\_\_\_\_\_ gives yes/no responses

\_\_\_\_\_ processes language slowly

\_\_\_\_\_ communicates non-verbally by:

\_\_\_ pointing

\_\_\_ eye movement

\_\_\_ gestures

\_\_\_ manual signs

\_\_\_ manual picture board

\_\_\_ electronic picture board

\_\_\_ other: \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

### Recommended accommodations include:

\_\_\_\_\_ ask if you understood correctly and repeat what you think you heard

\_\_\_\_\_ provide more time for language processing by:

\_\_\_ repeat the question slowly

\_\_\_ require think time before any responses

\_\_\_ invite 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 their responses

\_\_\_\_\_ needs assistance in writing. Please explain: \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**My child is partially sighted / blind \_\_\_\_\_**

\_\_\_ 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 child uses a mobility device:**

\_\_\_ 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. EMOITIONAL / 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: \_\_\_\_\_

\_\_\_\_\_

Is there another child who you would like placed in the same class as your child? Please specify.

\_\_\_\_\_

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](mailto:srschipa@adphila.org) to suggest revisions.*

**DEPARTMENT FOR PASTORAL CARE FOR PERSONS WITH DISABILITIES (PCPD)**

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