



Diocese of Joliet

Religious Education Office

SPECIAL NEEDS PROGRAM REGISTRATION FORM

(To be filled out by Parent or Guardian)

Parish: _____

Child's Name: _____

Type of disability, if known: _____

Address: _____ State, Zip _____

Phone: (____) _____ Birthday: _____

Mother's Name _____ Mother's Religion _____

Father's Name _____ Father's Religion _____

Brothers/sisters names & ages: _____

General Education Background

School attended _____ Educational Program _____

School district _____ Day Program: _____

Teacher/instructor: _____ Phone (____) _____

Speech Therapy: _____

Social Adjustment
At home: _____

Day program: _____

In neighborhood: _____

Religious Education Background

Sacraments Received:

Baptism _____ When: _____ Where: _____

Confirmation _____ When: _____ Where: _____

Eucharist _____ When: _____ Where: _____

Reconciliation _____ When: _____ Where: _____

Number of years of Religious Education _____

Current Interest In/Exposure to Religious Experiences _____

_____ Church attendance _____ Prayer at home _____ Religious instruction from parents, godparents, others

MEDICAL and PHYSICAL CONSIDERATIONS	
Child's Name	Age
Medication (Be specific)	
Gross Motor Skills: Poor _____ Fair _____ Good _____ Special Considerations:	
Fine Motor Skills: Poor _____ Fair _____ Good _____	
Mobility: No need for assistance _____ Unsteady/needs a friend at his/her side _____ Uses the following: Wheelchair w/no assistance _____ Wheelchair w/some assistance _____ Walker _____ Crutches _____ Cane _____ Other considerations:(explain)	
Visually Impaired: Special considerations / list any other devices used to aid child	
Hearing Impaired: Special considerations / list any other devices used to aid child	
Bathroom Skills: Independent _____ Needs some assistance _____ Total assistance _____ Catheter _____ Other considerations:	
Dismissal Procedures: Child must be accompanied to pick-up location _____ Child will remain in classroom until parent/guardian arrives _____ Other considerations:	
Allergies: Food: No Known food Allergies _____ Parent only will provide snacks for student _____ Allergies to the following: _____ Can only have these snack foods: Pollens: No known pollen allergies _____ Allergies to these pollens: Chemicals: No know chemical allergies _____ Allergies to these chemicals: Animals: No animal allergies _____ Allergies to these animals: Other significant allergies:	
Seizures: No history of seizure disorder _____ Please specify type, and instructions in regard to responding to a seizure:	
Other relevant medical needs/information:	

COMMUNICATION CONSIDERATIONS

Language skills: No difficulty in giving verbal responses _____ Speech is difficult to understand _____
Ask for child to repeat back _____ Yes or no responses _____ Processes slowly _____
Other considerations:

Written Communication: No difficulty reading/writing at grade level _____ Child reads at _____ grade level
Visually impaired needs: Material in large print _____ Braille _____ Materials on tape _____
Needs someone to read with them _____ Cannot write or print, but uses typewriter/computer _____
Needs some assistance in writing _____ (demonstrate)
Child can tape record responses _____ Child needs someone to write down responses _____
Other considerations:

Hearing impaired needs: Slight impairment _____ Hearing aid required _____
One good ear/ left _____ right _____ Child is deaf _____ Knows ASL (American Sign Language) _____
Other considerations:

Learning style: learns from what he/she hears _____ learns from what he/she sees _____
What he/she touches or handles _____ what he/she is involved in doing _____ what he/she talks about _____
Other considerations:

Attention Span: What helps hold the child's attention?

Distractibility: What types of things are distracting to the child? (visual stimuli, sounds etc.)

Signs of unhappiness, agitation or emotionally upset are:

Events that might trigger these behaviors:

Ways to help regain emotional equilibrium:

Other considerations:



Diocese of Joliet

Religious Education Office
430 North Center Street
Joliet, Illinois 60435

815-727-6411
Fax 815-722-7361

SPECIAL NEEDS BEHAVIORAL INCIDENT REPORT

This form is to be completed by ALL persons witnessing an incident involving behavior requiring emergency intervention.

Student Name: _____

Date of incident: _____ Time: from _____ to _____

Location: _____ Catechist: _____

Person in charge at the time of the incident: _____

Does this student currently have a behavioral agreement signed by parent or guardian?

I. Events leading up to the incident: (antecedents) _____

II. Specific Behavior Exhibited by Student

Staff Response to Behavior

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

III. Possible function of student behavior:

_____fear

_____frustration

_____manipulation

_____intimidation

IV. Effect of intervention on behavior: _____

Name of person completing the report: _____

Signature: _____

Director of Religious Education's Initials: _____ Date: _____



Diocese of Joliet

Religious Education Office
430 North Center Street
Joliet, Illinois 60435

815-727-6411
Fax 815-722-7361

Special Needs End of the Year Program Evaluation

(To be filled out by the Catechist)

Name: _____ Date: _____
Student: _____

We would appreciate your evaluation of our efforts in assisting our volunteer catechists in working with students with special needs. Please check the statement that best describes your understanding of your student's religious education experience this year.

Faith Development

- major increase in awareness, understanding, non-verbal response
- increase in awareness, understanding, non-verbal response
- unable to determine

Learning activities were

- appropriate
- beyond the student's ability
- below the student's ability

Educational materials were

- appropriate
- beyond the student's ability
- below the student's ability

Peer interaction

- made friends with one or more students
- the majority of students treated the student well
- have concerns about peer interaction

Catechist/aide

- were very responsive to student's special needs
- made a limited effort to respond to student's needs
- did not respond to student's special needs

Overall experience

- Outstanding
- Satisfactory
- Unsatisfactory

Additional Comments (please write on back of this form)