

Diocese of Orange



(CHURCH NAME: _____) Individualized Religious Education Plan/Intake Form

GENERAL INFORMATION

Participant's Name _____ DOB _____

Address _____

Father _____ Home# _____ *Cell# _____

Mother _____ Home# _____ *Cell# _____

(*Cell phone number may be used to text during mass if you are needed in the classroom)

Email _____ Parish Registered _____

Participant's Disability (Optional) _____

Language spoken in the home _____

EDUCATION

Type of School Placement (check one)

- SDC Mild-Moderate
- SDC Moderate-Moderate
- SDC Moderate-Severe
- General Ed w/Disability Services
- General Ed w/RSP
- General Ed
- Adult Transition
- Mainstream class w/hearing
- Deaf classes commute
- Deaf classes institutional

Participant's Class Grade _____ Approximate developmental functioning level _____

Does the participant have an IEP? Yes No

Are you willing to share the IEP with CHURCH NAME: _____
to help identify known methodologies to successfully educate the participant?

Yes No

RELIGIOUS EXPERIENCES

(Indicate which Sacraments the child has received)

Baptism Eucharist Reconciliation Confirmation

Participant attends church: Weekly Occasionally Never

Describe the participant's previous Religious Education: _____

MEDICAL

- *Allergies*

List all known allergies and describe the nature of the allergies: _____

Instructions for caring for the participant in the event of an allergic reaction: _____

List any special diet and/or diet restrictions: _____

List foods the participant can eat: _____

- *Seizures*

Participant has no history of seizure disorder

Student has a history of seizure disorder

(Please fill out the Diocese seizure protocol) Initial _____

Describe the frequency and duration: _____

Describe what the seizure looks like: _____

- *Mobility*

Participant is ambulatory and does not need any assistance

- Participant needs some assistance (describe): _____
- Participant uses the following mobility aide(s):
 - Wheelchair with no need for assistance
 - Wheelchair with need for assistance (describe): _____
 - Walker
 - Cane
 - Crutches
 - Braces/AFO's
 - Other _____

• *Other Health*

- Glasses (describe any classroom accommodations): _____
 - Contacts (describe any classroom accommodations): _____
 - Asthma (describe how often inhaler needed or other care instructions): _____
-
- Any other medical needs/information: _____
-

• *Toileting*

- Independent
- Some assistance: Urination Bowel Movement
- Full Assistance: Urination Bowel Movement
- Catheter: Whole day Partial Day

* Participants who require personal assistance of any kind, in areas of personal hygiene, must have a caregiver with them on-site to meet these needs. Parish staff members and/or volunteers may not assist in these areas. Initial _____

COMMUNICATION

Describe participant's primary method of communication: _____

• *How does the child communicate* (Check all that apply)

- Speech is understandable

Speech difficult to understand (what is the best way to communicate):

American Sign Language SEE PSL

Is an interpreter needed: Yes No

ALD (Assistant Listening Device)

Do they have:

Cochlear implants. If yes, which ear(s) _____

Hearing aide

Amplifying device

Braille

Is an interpreter needed: Yes No

iPad or iPod

Other technology device

Communication board/book

Non-verbal but makes needs known

Non-verbal does not make needs known

Other _____

- *Receptive Language*

Participant can follow most conversations

Recommended short sentences, with simple vocabulary

Recommended one step at a time instruction/direction

- *Expressive Language*

Participant has no difficulty in giving verbal responses

Participant is able to respond in brief sentences

Participant is able to give one-word responses

Participant is able to give yes/no responses

Participant responds by pointing to visual (e.g. PECS)

- *Reading/Writing Skills*

Participant has no difficulty reading/writing at grade level

Participant has some difficulty and reads/writes at _____ grade level

Participant is visually impaired and needs materials in:

Large print

Braille

On tape

Participant types on electronic device

- *Learning Style*

Participant learns best from what he or she:

- Hears
- Sees
- Touch
- Involved in doing
- Talks about it

BEHAVIOR/WELL BEING

Please describe the participant's behavior. (Consider activity level, aggressive behaviors, self-abusive behaviors, tantrums and interaction with others): _____

What triggers behaviors: _____

What best calms: _____

Describe any activities or items the participant finds aversive (e.g. sounds, textures, light etc.):

Describe any sensory seeking behaviors (e.g. jumping, spinning, touching):

What are some motivators or reinforcement: _____

What are the participant's strengths: _____

Other comments or additional information: _____

It is understood that this report contains confidential information which may be shared with members of the religious education team who has agreed to confidentiality per HIPPA Privacy and Security Rules.

Parent/Guardian: _____ Date: _____

I hereby authorize _____ to obtain emergency medical treatment for (CHILD'S NAME) _____, and if necessary transported to the nearest hospital. I understand that I will be financially responsible for any and all medical treatment sought, obtained and/or rendered in this regard.

Parent/Guardian: _____ Date: _____