

CONFIDENTIAL

Parent Survey –Catechesis for Children with Special Needs

Child's Name _____

Parent's Names _____

Child's Birthday _____

Goals: What are your goals for your child's participation in the parish catechetical program?
What are the main things you want your child to learn?

Describe your child's special needs: _____

Describe your child's expressive communication (PECS/sign language/2-3 word phrases/sentences...): _____

Receptive Communication (understands 2-3 word phrases/full sentences/one step requests only...): _____

Describe your child's ability to read and write: _____

Describe any behaviors you would like the staff to be aware of (include aggressive behaviors, toileting, sensory needs...): _____

Describe any special adaptations your child needs (chewies, brushing, PECS, weighted vests, squeezes...): _____

Describe any activities or items your child finds aversive (loud sounds, physical touching,):

CONFIDENTIAL

Describes activities your child finds reinforcing (songs, books, gummies, tickles...): _____

Describe any allergies your child has to food, pollen or chemicals:

If your child has food allergies, what snack foods can he or she have?

Does your child have seizures? Y / N Frequency & duration: _____

please provide a seizure protocol.

Please provide your cell phone number so that we may text you during mass if you are needed in the class room: _____

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

Parents/guardians: _____ Date: _____