

ADAPTIVE NEEDS Attachment to Faith Formation Registration

Please fill out this form in full for each child you are enrolling in our Adaptive Needs program.

CHILD NAME	PRIMARY CONTACT INFORMATION	
NICKNAME	PRIMARY EMAIL	
PARENT NAME(s)	PRIMARY PHONE #	
New to Adaptive Needs program: <input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL STATUS/NEEDS

<p><i>Has your child been officially diagnosed with any medical, genetic, cognitive, developmental, or communication conditions/disorders?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	<p>Does your child receive <i>special education services</i> at school? If so, please check all that apply:</p> <p><input type="checkbox"/> general education classroom all the time</p> <p><input type="checkbox"/> general education classroom part of the time</p> <p><input type="checkbox"/> resource room some of the time</p> <p><input type="checkbox"/> separate classroom for students with disabilities</p> <p><input type="checkbox"/> has a classroom aide</p> <p><input type="checkbox"/> other: _____</p>
<p>How can we best accommodate your child's needs?</p>	

PHYSICAL

Visual <input type="checkbox"/> Typical <input type="checkbox"/> Impaired <input type="checkbox"/> Must wear glasses <input type="checkbox"/> Blind	Hearing <input type="checkbox"/> Typical <input type="checkbox"/> Impaired <input type="checkbox"/> Deaf <input type="checkbox"/> Using hearing aids	Gross Motor <input type="checkbox"/> Head control <input type="checkbox"/> Sits <input type="checkbox"/> Crawls <input type="checkbox"/> Walks with assistance <input type="checkbox"/> Walks independently	Fine Motor <input type="checkbox"/> Typical <input type="checkbox"/> Delayed <input type="checkbox"/> Impaired <input type="checkbox"/> (Can use scissors)	Ambulatory Aids <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Braces <input type="checkbox"/> Wheelchair
<p>Other physical needs or medical devices:</p>				

LEARNING AND COMMUNICATION

Language spoken at home:	Does your child read? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level:	Any communication devices used:
Child's speech ability: <input type="checkbox"/> Gestures <input type="checkbox"/> Meaningful sounds <input type="checkbox"/> Words <input type="checkbox"/> Phrases <input type="checkbox"/> Sentences <input type="checkbox"/> Sign language <input type="checkbox"/> Other:	Language Comprehension: <input type="checkbox"/> Understands all the time <input type="checkbox"/> Understands most of the time <input type="checkbox"/> Understands some of the time <input type="checkbox"/> Recognizes voices of family and significant individuals <input type="checkbox"/> Able to understand and follow basic verbal instructions	Check all that your child <i>enjoys</i> : <input type="checkbox"/> Quiet activities <input type="checkbox"/> Hands-on activities <input type="checkbox"/> Singing/listening to music <input type="checkbox"/> Reading and writing <input type="checkbox"/> Prayer <input type="checkbox"/> Coloring, if so, with what:

BEHAVIORAL NOTES

<p>Please check all that apply to your child:</p> <ul style="list-style-type: none"><input type="checkbox"/> Shy<input type="checkbox"/> Outgoing<input type="checkbox"/> Enjoys peer interactions<input type="checkbox"/> Likes to share<input type="checkbox"/> Can concentrate for typical periods of time<input type="checkbox"/> Can sit with a large group<input type="checkbox"/> Follows directions on first request<input type="checkbox"/> Plays well alone<input type="checkbox"/> Plays well in groups<input type="checkbox"/> Adapts well to change<input type="checkbox"/> Responds well to gentle correction<input type="checkbox"/> Sometimes attempts to run away<input type="checkbox"/> Is generally gently with people and objects<input type="checkbox"/> Is sometimes destructive<input type="checkbox"/> Sometimes threatens others<input type="checkbox"/> Has some separation anxiety<input type="checkbox"/> Sometimes hits, bites, hurts self, or others	<p>What should we know about your child's behavioral tendencies (explanation of what you checked on list or other)?</p>
	<p>Are there certain triggers for your child's behavior? Explain:</p>
<p>What are the best intervention techniques to de-escalate your child's behavior?</p>	
<p>What are your child's main interests or favorite activities?</p>	

GENERAL

<p>If anything, what might your child or family need to feel totally welcomed and included at Mass or in the parish?</p>
<p>Is there anything else you want us to be aware of regarding your child?</p>

Because we only meet every other Saturday it is important to make the commitment to be on time for class and miss as little as possible. We look forward to getting to know your child and your family more this year as we journey in faith together. *Thank you!*