

NATIVITY OF OUR LORD PARISH
FAITH FORMATION
CHILDREN OF HOLY FATHER FRANCIS
ENROLLMENT/INDIVIDUALIZED ENRICHMENT PLAN

General Information

Child's Name _____

Parent/Guardian Name _____ Address _____

Phone No. _____ Email _____

Home Parish _____

Child's Age _____ School Attending _____

Educational Program _____

Child's Disability _____

***Parent/Guardian presence and or participation at sessions is optional

Getting To Know Your Child—Please complete the statements below; you may attach additional page if necessary

My child is best at _____

My child needs the most help with _____

My child enjoys _____

My child least enjoys _____

When I play or work with my child we usually _____

Ways we have tried to help our child with behavior that work are _____

Techniques that do not work _____

Special concerns that we have are _____

Suggestions _____

Comments _____

Emotional 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 in which the catechist might help your child regain emotional equilibrium? _____

In the event of dangerous or destructive behavior, the catechist/aide will give clear verbal direction to the child. "Stop, look at me, listen..." Or redirect the child to an appropriate activity such as _____

or if the child needs to regain an inner sense of control, _____

If there is a danger of the child harming themselves, another person or property, the catechist and/or aide will try to prevent them from doing so, create a safe space around them, followed by intervention to gain inner control and redirection per above.

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SPECIAL NEEDS ENRICHMENT

Educational Skills

Approximate developmental functioning level _____

Method of Communication

_____ Understandable speech
_____ Difficult to understand speech
_____ Uses sign language
_____ Uses communication board
_____ Non-verbal but makes needs known
_____ Non-verbal does not make needs known
_____ Other _____

Medical Concerns

_____ Seizures
_____ Motor Difficulties
_____ Food Allergies (list) _____
_____ Special Diet _____
_____ Other _____

Bathroom Skills

_____ Independent
_____ Needs some assistance
_____ Total Assistance
_____ Catheter

Recommended Placement

- † _____ Inclusion in a regular classroom with peer buddy or aide _____ (name)
- † _____ Inclusion in a regular classroom with accommodations of _____
_____ (list)
- † _____ Part-time inclusion in a regular classroom and part-time
_____ in a small group or _____ individualized with _____ (name)
- † _____ Full-time in a small group setting
- † _____ Individualized instruction at regular catechetical site with _____ (name)
- † _____ Home instruction by a parishioner, _____ (name)
- † _____ Home instruction by a family member, _____ (name)

Director/Coordinator of Faith Formation

Catechist

Parent/Guardian

Parent/Guardian

Aide

Child

Date