

# Special Needs Children's Religious Education Program

## Student Intake Form

**Must be registered parishioner of St. Ann**

Child's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disability: \_\_\_\_\_

Parents' Emergency Contact Info during class: \_\_\_\_\_

Preferred Placement: \_\_\_\_\_

Language(s) spoken by parents: \_\_\_\_\_

Language(s) spoken by child: \_\_\_\_\_

### **Special Needs**

Social: \_\_\_\_\_

Physical: \_\_\_\_\_

Cognitive: \_\_\_\_\_

Medical: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Toilet Trained/Restroom Procedures: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Strengths: \_\_\_\_\_

Placement: \_\_\_\_\_ Volunteer's Name: \_\_\_\_\_

Volunteer's Phone #: \_\_\_\_\_

Siblings in C.R.E.? \_\_\_\_\_ Met with Family: \_\_\_\_\_ Situational Story \_\_\_\_\_

Things Student Likes: \_\_\_\_\_

\_\_\_\_\_

Dislikes: \_\_\_\_\_

\_\_\_\_\_

Ways to Relate/Personality Style: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Things to Avoid: \_\_\_\_\_

\_\_\_\_\_

Discipline Techniques: \_\_\_\_\_

\_\_\_\_\_

Other important information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Placement: \_\_\_\_\_ Volunteer's Name: \_\_\_\_\_

Volunteer's Phone #: \_\_\_\_\_

Siblings in C.R.E.? \_\_\_\_\_ Met with Family: \_\_\_\_\_ Situational Story \_\_\_\_\_