

**CONFIDENTIAL**

**DATE:** \_\_\_\_\_

**“SPECIAL NEEDS” INFORMATION FORM**  
**2018 -2019 Parish School of Religion**

MISSION STATEMENT: *"Following Jesus and imitating His love, compassion, and understanding our goal is to bring out the best in each child while working closely with the parents and/or guardians, and making use of a variety of teaching methods that will best suit each child's needs."*

**CHILD'S NAME** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
**GRADE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**EMERGENCY PHONE NUMBER(S):**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Please answer these statements to give the teacher a better understanding about your child.**

Additional space is provided for other comments and suggestions. Complete any information that applies:

My child has **allergies**. List ALL allergies:

\_\_\_\_\_  
\_\_\_\_\_

My child has an Individual Health Plan (IHP): Yes No

**The PSR staff will not administer ANY medications.** Where will you be during PSR class in the event of an emergency?

\_\_\_\_\_

My child has an Individual Education or Service Plan: Yes No

My child's special need(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special concerns I have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL:** (the more info we have the better!)

My child is best at:

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My child needs the most help with:

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My child most enjoys:

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My child least enjoys:

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When I play or work with my child we usually:

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What I expect him/her to learn in this class:

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How can the teacher/staff best serve your child?

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Any additional comments:

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