

CONFIDENTIAL

DATE: _____

“SPECIAL NEEDS” INFORMATION FORM
2019 -2020 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's special need(s):

Special concerns I have:

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

My child is best at:

My child needs the most help with:

My child most enjoys:

My child least enjoys:

When I play or work with my child we usually:

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

How can the teacher/staff best serve your child?

Any additional comments:
