INDIVIDUALIZED RELIGIOUS EDUCATION PLAN

PARISH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

## Demographic Information

Student Name:       Gender:

Grade Level:       RE Grade Level (if different):

Student Address:

Student Home Phone Number:

Student School District:       School Building:

Student Utilizes the Following at School:

*Check all that apply:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | IFSP |  | Section 504 Plan |
|  | IEP |  | Behavioral Intervention Plan (BIP) |

If Applicable, Special Education Teacher, Classroom Teacher, or Section 504 Case Coordinator:

*{In order to consult school personnel, a “Release of Information Form” will need to be on file with the student’s IEP at their attending school. SFA requests a copy of this form, as well.}*

Parent/Guardian Name:       Relationship to Student:        
Address (if different from student):

Home Phone Number:       Cell Phone:       Work Phone:

Parent/Guardian Name:       Relationship to Student:        
Address (if different from student):

Home Phone Number:       Cell Phone:       Work Phone:

## Sacraments Received

*Check all that have been received:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Holy Baptism  *Year and Parish:* |  | Reconciliation  *Year and Parish:* |
|  | First Eucharist  *Year and Parish:* |  | Confirmation  *Year and Parish:* |

## Current Achievement and Functioning

Student’s Strengths and Interests:

Family Goals and Major Milestones for Child’s Religious Education:

Short Term (this school year)-

Long Term (think ahead to sacraments, classroom involvement, etc.)-

Parent’s Concerns Related to Child’s Religious Education:

Describe the Effects of the Student’s Disability on Involvement and Progress in the General, Religious Education Curriculum and how it relates to Sacramental Preparation:

## Special Considerations

*Check all that apply:*

|  |  |
| --- | --- |
|  | Behavior (Student’s behavior impedes his or her learning or that of others; consideration should be made regarding the use of positive behavioral supports and strategies)  *Please Describe:* |
|  | Communication and Language  *Please Describe:* |
|  | Health Needs  *Please Describe:* |
|  | Assistive Technology Needs  *Please Describe:* |
|  | Other  *Please Describe:* |

## Accommodations, Modifications, and Supports

If the student would benefit from classroom accommodations, modifications to curriculum, etc. or other supports while participating in the Religious Education Program, please describe:

|  |  |  |
| --- | --- | --- |
| **Accommodations**  **Ex.) Verbalizing answers, text read-aloud, seated near source of instruction or positive peer, etc.** | **Curriculum Modifications**  **Ex.) Shortened or modified assignments/tasks, use of alternate curricular matierals, as appropriate, etc.** | **Other Supports**  **Ex.) Student Assistant, positive peer model, personal technology devise, positive behavioral support, etc.** |
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