**Individual Religious Education Plan**

**Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“Family catechesis precedes, accompanies, and enriches other forms of instruction in the faith.” (*Catechism of the Catholic Church* #2226)

**Religious Education Goals**

The student and his or her parents or guardians desire that: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The parish religious education staff would like to assist the family by providing religious education instruction that takes into consideration the student's special needs.

**Parish Support Team**

Parents/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director/Coordinator of Religious Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Education Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catechist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Interest In/Exposure to Religious Experiences**

Church attendance

Prayer at home

Religious instruction from parents, godparents, others

Previous religious education classes

Program description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical Information**

**♦ Allergies**

Student has no known significant allergies to foods, pollen, or chemicals. (If correct, skip to next**♦**.)

**Foods**

Student has allergies to the following foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If the student has food allergies, what snack foods can he or she have?

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

Would the parents/guardians prefer to supply snacks for their student when needed to ensure that nothing that would cause an adverse reaction is given to the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pollens**

Student has allergies to the following pollens (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are the allergies severe enough to restrict bringing flowers or herbs into the classroom or going outdoors on nature walks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chemicals**

Student has significant allergies to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animals**

Student has significant allergies to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other significant allergies**

**Instructions for caring for the student in the event of an allergic reaction:**

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**♦ Seizures**

\_\_\_\_ Student has no history of seizure disorder. (If correct, skip to **♦**.)

\_\_\_\_ Student experiences seizures.

Please specify type of seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state instructions for the catechist in regard to responding to a seizure.

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**♦ Other relevant medical needs/information**

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The following information will assist the catechist in designing and adapting lesson plans to meet your student's needs.

**In the Area of Communication:**

**♦** **Receptive Language Skills** (How do you communicate with this student?)

Student can follow conversations in his or her age group. (If yes, skip to next **♦**.)

Please check recommended accommodations.

Speak in short sentences using simple vocabulary.

Give instructions one step at a time watching for the completion of each step.

Make direct eye contact with the student to focus attention.

Avoid direct eye contact which is distressing to the student.

Student has partial hearing.

Face the student so that the student can read your lips.

Seat the student where he or she can best hear you.

Speak into the student's good ear. left right

Have the student check to see whether or not his or her hearing aid is working properly.

Keep extra batteries in the student's confidential file.

Student is deaf.

His or her primary language is American Sign Language (ASL).

An interpreter is needed.

Student needs to be able to see both catechist and interpreter.

Good lighting is needed.

Student reads lips and speaks orally.

The speaker needs to face the student.

Good lighting is needed.

Furnish a written outline and notes if possible.

Arrange chairs in a circle.

Ask participants to visually signal before speaking.

Visually indicate who will speak next.

Additional information or recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**♦ Expressive language skills**: (How does this student communicate with others?)

Student has no difficulty in giving verbal responses. (If correct, skip to next**♦**.)

Speech is difficult to understand

Ask if you understood correctly and repeat what you think you heard.

Student is able to respond in brief sentences or phrases.

Student is able to give one word responses.

Student is able to give yes/no responses.

Student processes language slowly.

Provide more time for language processing by:

- repeating the question slowly;

- asking everyone to be quiet and think about it;

- telling the student to think about it while you rephrase the question; - inviting the student to signal you when he or she is ready to respond.

Student is fluent in American Sign Language (ASL).

Look at the student while interpreter voices the signed response. Allow students in small groups to write notes back and forth.

Student uses limited American Sign Language vocabulary.

Please furnish basic vocabulary words with pictures of signs.

Communicates non-verbally through

Eye movement: looking up means “yes”, down is “no.”

Electronic communication board. Please demonstrate its use.

Has visual display.

Has printer.

Manual picture/word board or book. Please provide and demonstrate use.

Student points to responses.

You point and student uses up/down eye movement for yes or no.

Note: A volunteer could develop religious word or picture boards.

Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**♦ Written communication:** (What kind of visual response can the student give?)

Student has no difficulty reading/writing at grade level. (If true, skip to next**♦.**)

Student is currently reading at a grade level.

Student is visually impaired and needs

materials in large print;

materials in braille;

materials on tape.

Note: Materials are available from the Xavier Society, (212) 473-7800.

Student needs someone to read with/to him or her.

Student cannot write or print but uses a typewriter or computer.

Student needs assistance in writing. Please demonstrate.

Student could tape record his or her responses.

Student needs someone to write down his or her responses.

Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Physical Considerations**

**♦ Mobility**

Student is ambulatory and has no need for assistance. (If true, skip to next **♦**.)

Student is ambulatory but unsteady and needs a friend at his or her side.

Student uses the following mobility aide(s):

Wheelchair with no need for assistance.

Wheelchair with need for assistance. Please demonstrate.

Walker.

Crutches.

Cane.

Other

Note: Clear pathways and never move a mobility aide out of the reach of the student.

Student is visually impaired.

Orientate the student to the environment.

Describe the room arrangement.

Alert the student to potential obstacles or hazards.

Have participants identify themselves when speaking.

Do not touch the student without announcing your presence.

Have someone teach to all the students the appropriate way to assist

a person who is blind.

Student would benefit from a peer mentor or “circle of friends.”

Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**♦ Student needs assistance**

In sitting down or standing up. Please demonstrate.

With fine motor skills such as: Please demonstrate the appropriate way to give assistance.

With toileting.

Note: Please explain. Consider privacy and safety issues. A second adult should be in the

vicinity.

With dismissal.

Student needs to be accompanied to pick-up location.

Student will remain in the classroom until parent/guardian arrives.

Additional information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Interaction**

Student interacts well with peers. (If so, skip to next **♦**).

Student could use a “circle of friends” to assist with social integration.

Additional considerations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**♦ Learning style**

Student learns from:

what he or she HEARS

what he or she SEES

what he or she can TOUCH/HANDLE

what he or she is involved in DOING

what he or she TALKS ABOUT

**♦ Attention Span**

What helps to hold the student's attention? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**♦ Distractibility**

What types of things are distracting to the student?

visual stimuli such as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

sounds such as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

activity around him or her such as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**♦ Additional teaching techniques that the student responds well to:**

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**♦ Other information/recommendations for the catechist:**

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**Emotional Well Being**

How will the catechist know if your child is becoming unhappy, agitated or emotionally upset? Please describe behaviors:

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

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What types of events might trigger these behaviors?

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What are some ways in which the catechist might help your child regain emotional equilibrium?

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In the event of dangerous or destructive behavior:

1. The student will be given clear verbal direction. “Stop, look at me, listen...”

2. The student will be redirected to an appropriate activity.

3. If he or she needs time to regain an inner sense of control

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

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4. If there is a danger of the student harming himself/herself, another person or property, the catechist and/or aide will try to prevent him or her from doing so, create a safe space around him, followed by procedure 3 and then 2.

**It is understood that this report contains confidential information which may be shared with members of the religious education team who agree to confidentiality.**

Parents/guardians: \_\_\_\_\_\_\_\_ Date: