

St. Mary's Berea  
Parish Religious Education  
"GIFTSS from God" Program

In order to help us provide the best religious experience for your child, please provide us with the following information:

1. What is your child's specific diagnosis (ADD, PDD, TAG, etc.)?

2. What are your child's specific communication needs?

Visual queues \_\_\_\_\_  
Prompting \_\_\_\_\_  
Signing \_\_\_\_\_  
Picture Icons \_\_\_\_\_  
Other \_\_\_\_\_  
(please explain) \_\_\_\_\_  
\_\_\_\_\_

3. What are your child's specific sensory needs?

Smell (strong odors) \_\_\_\_\_  
Vision (bright lights) \_\_\_\_\_  
Touch (light touch) \_\_\_\_\_  
Auditory (loud noises) \_\_\_\_\_  
Other \_\_\_\_\_  
(please explain) \_\_\_\_\_  
\_\_\_\_\_

4. Please explain the adaptations/accommodations used in your child's day school.

5. Please tell us your child's current stage of reading/writing development.

6. Does your child have any specific allergies (chocolate, milk, perfume, etc.)?

7. What are your child's likes and dislikes? Please try to be specific.

As the parent/ guardian of this precious "gift from God", please provide us with the following information (circle the appropriate response):

1. Are you willing to be involved in our classroom environment?    Yes    No
2. Are you willing to share your child's Individualized Education Plan? Yes No
3. Would you allow us to discuss your child with his/her day school? Yes    No

Do you have any additional comments or other information you think we should know about your child?