



**Saint Bernadette Parish
Faith Formation Office**

5930 South Abbott Road
Orchard Park, NY 14127

INDIVIDUALIZED RELIGIOUS EDUCATION PLAN

Child's Name _____

Parent/Guardian Name _____

Child's Age _____ School Attending _____

Educational Program _____

Child's Disability _____

Please answer these statements to help us know your child better. Additional space is provided for suggestions and comments.

My child is best at _____

My child needs the most help with _____

My child enjoys _____

My child least enjoys _____

When I play or work with my child we usually _____

Ways we have tried to help our child with behavior that work are _____

Techniques that do not work _____

Special concerns that we have are _____

Suggestions _____

Comments _____

Emotional Well Being

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

Please describe behaviors _____

What types of events might trigger these behaviors? _____

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

In the event of dangerous or destructive behavior, the catechist/aide will give clear verbal direction to the child, "Stop, look at me, listen...." Or redirect the child to an appropriate activity such as _____

Or if the child needs to regain an inner sense of control, _____ If there is a danger of the child harming themselves, another person or property, the catechist and/or aide will try to prevent them from doing so, create a safe space around them, followed by intervention to gain inner control and redirection per above.



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Educational Skills

Approximate developmental functioning level _____

Method of Communication

- Understandable speech
- Difficult to understand speech
- Uses sign language
- Uses communication board
- Non-verbal but makes needs known
- Non-verbal does not make needs known
- Other _____

Medical Concerns

- Seizures, _____
- Motor Difficulties, _____
- Food Allergies (list) _____
- Special Diet _____
- Other, _____

Bathroom Skills

- Independent
- Needs some assistance _____
- Total Assistance
- Catheter

Recommended Placement

- Inclusion in a regular classroom with no additional supports or accommodations
- Inclusion in a regular classroom with additional support (peer buddy, aide)
Name of Person _____
- Inclusion in a regular classroom with accommodations of _____

- Part-time Inclusion in a regular classroom
and part-time ___ in a small group or ___ individualized with _____ (name)
- Full-time in a small group setting
- Individualized instruction at regular catechetical site with _____ (name)
- Home Instruction by a parishioner, _____ (name)
- Home instruction by a family member, _____ (name)

Director/Coordinator of Religious Education

Catechist

Parent/Guardian

Parent/Guardian

Aide

Child

Date _____