

ST. MARY'S FAITH FORMATION

Children with Special Needs

Your cooperation in providing information about your child will help us to find an appropriate placement for him or her.

Parent/Guardian _____

Student's Name _____

School _____ **Type of Program** _____

Type of disability: Visual _____ Hearing _____
(explain) ALLERGIES _____ Seizures _____

Parents of children requiring the use of an EPI pen will be asked to remain as an assistant or hall monitor.

Learning: Dyslexia _____ ADD _____ ADHD _____
Reading? Writing? Speaking? _____

Specific Medical Problems: _____
Wheelchair? _____ Braces? _____

No medication of any kind may be given to a child by a catechist.

Social Adjustment

In School _____

In Church _____

My child's greatest asset is: _____

Any other suggestions or comments? _____

Completed by _____ Date _____