



Saint Bernadette Parish
 Faith Formation Office
 5930 South Abbott Road
 Orchard Park, NY 14127

INDIVIDUALIZED FAITH FORMATION PLAN

Child's Name _____
 Parent/Guardian Name _____
 Child's Age _____ School Attending _____
 Educational Program _____
 Child's Disability _____

Please complete these statements to help us know your child better. Additional space is provided for 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.

Educational Skills

Approximate developmental functioning level _____

Method of Communication

- 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 Faith Formation group with no additional supports or accommodations
- Inclusion in a Faith Formation Group with additional support (peer buddy, aide)
Name of person _____
- Inclusion in a Faith Formation group with accommodations of _____

Part-time Inclusion in a Faith Formation group and part-time in a small group or individualized with
Name of person _____

- Full-time in a small group setting
- Individualized instruction at regular catechetical site with _____ name
- Home Instruction by a parishioner _____ name
- Family Faith Formation by a family member _____ name
- God's Family monthly Faith Formation

Director/Coordinator of Faith Formation

Catechist

Parent/Guardian

Parent/Guardian

Aide

Child

Date _____