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 __________________________
   Home Instruction by a parishioner _________________________________________
   Family Faith Formation by a family member _____________________________
___ God’s Family monthly Faith Formation

______________________________          ____________________________________
Director/Coordinator of Faith Formation            Catechist

______________________________          ________________________________
Parent/Guardian                             Parent/Guardian

______________________________          ________________________________
Aide                                          Child

Date _____________________

5/23 su