

**INFORMATION FORM FOR CHILD WITH SPECIAL NEEDS**  
**2017-2018** *must be submitted annually*

Office Use only
Room No. _____
Level/Day/Time _____

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

School Grade: \_\_\_\_\_ IEP: \_\_\_\_\_

Self-contained classroom \_\_\_\_\_ Mainstreamed \_\_\_\_\_

**Classification of Special Needs:**

Developmental Delay \_\_\_\_\_ Learning Disabled\* \_\_\_\_\_

Emotional Problem \_\_\_\_\_ Neurologically Impaired \_\_\_\_\_

Blind/Hearing Impaired \_\_\_\_\_ Autism \_\_\_\_\_

Allergies (Please be specific) \_\_\_\_\_

Gluten and or Celiac \_\_\_\_\_ Epi-pen \_\_\_\_\_

**\*If child has a learning disability, please specify**

\_\_\_\_\_ Dyslexia \_\_\_\_\_ Hyperactivity

\_\_\_\_\_ Attention Deficit \_\_\_\_\_ Visual/Auditory

\_\_\_\_\_ Memory/Thinking Disorder \_\_\_\_\_ Coordination Deficit

\_\_\_\_\_ Perceptual/Motor Impairment \_\_\_\_\_ Impulsivity

Other \_\_\_\_\_

Medical information (medication, seizures, diabetes, asthma, Epi pen, etc.)

Other information which will be helpful for the catechist to know

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_