

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 _____