



Office of Special Education for Catechesis
ROMAN CATHOLIC DIOCESE OF SYRACUSE

Individual Faith Formation Plan

Child's Name: _____ Birth Date: _____

Parent's Names: _____ Home Phone: _____

Address: _____
street city zip

Mother's Cell: _____ Mother's email: _____

Dad's Cell: _____ Father's Email: _____

School: _____ Special Education Consultant: _____
name contact #

Current Interest In/Exposure to Religious Experiences

Church Attendance: _____ Prayer at Home: _____ Previous Religious Education: _____

Medical Information

Allergies: Food _____ Environment _____ Medication _____

Seizures: Yes _____ No _____

Physical Considerations: _____

Other relevant medical needs/information:

Communication Skills

Language: How does the student communicate with others?

Written: What are the student's reading and writing skills?

What Helps the Student Learn

Learning Style: What sensory issues are involved? (Ex: Does the student learn from what he/she hears, sees, touches, is involved in doing, talks about?)

Attention Span: _____

Distractibility: _____

Teaching techniques that the student responds well to: _____

How will the catechist know if your child is becoming unhappy, agitated or emotionally upset?

What types of events might trigger these behaviors? _____

Other information/recommendations for the catechist. What will ensure success? _____

What are your child's gifts and talents? _____

It is understood that this report contains confidential information that may be shared only with members of the Faith Formation team as needed.

Parents/guardians: _____

Date: _____

Director of Faith Formation: _____

Date: _____