



St. Cecilia – Faith Formation
2017-2018

Kindergarten – 8th Grade
Adaptive CCD
(Special Education)

Student's Name: _____ Grade (Sept 2017): _____

Parent Email: _____

Address: _____

City, State, & Zip Code: _____

Parents' Names: _____

Primary Number: _____ Secondary Number: _____

Emergency Contact: _____ Number: _____

Classes:

Sundays
10:30 – 11:30 am

Are you an active and registered member of St. Cecilia or Sacred Heart of Jesus parish? _____
(active and registered = regular use of parish envelopes)

Registration Fees: \$90 - one student \$100 – two of more students

Parent Signature: _____ Date: _____

*** By signing this registration form I am agreeing to the policies and procedures as outlined in the Student Handbook. I understand that the registration fee is to be considered a donation to St. Cecilia Church and is nonrefundable. ***

For official use only

Fee: _____ Paid (Y/N): _____ Registration Taken by: _____

Cash: _____ Check Number: _____



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Parent Questionnaire for Adaptive CCD

Date: _____

Child's Name: _____ Date of Birth: _____

Parent's/Parents' Name(s): _____

Tel: Home _____ Mobile: _____

Address _____ Email: _____

What are you hoping for in your child's religious education?

Specifically, are you hoping for inclusion in a 'mainstream' religious education group with his/her peers? Potential possibilities are inclusion with the appropriate supports, within a group for children with special needs, one-on-one religious education or some combination.

What are his/her special interests?

What are his/her special gifts?

How would they describe his/her social relationships?

What methods of communication are used?

What have been effective learning strategies?

My child learns from:

___ what he or she HEARS

___ what he or she SEES

___ what he or she can TOUCH/HANDLE

___ what he or she is involved in DOING

___ what he or she TALKS ABOUT

Questionnaire Page 2 – Child's Name: _____



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What types of things are distracting to your child?

visual stimuli such as _____

sounds such as _____

activity around him or her such as _____

other _____

How does your child react to being touched or hugged?

Are there any aggressive or inappropriate behaviors? If none, skip the next two questions.

What are possible triggers of aggressive or inappropriate behavior?

What are some techniques that might help your child regain emotional equilibrium?

Are you willing to share a copy of his/her IEP, or at least what the requirements of it are?

We recognize and respect the confidential nature of such a document. The reason for the request it is to improve the quality of the experience for your child.

Does she/he have any diet, sensory or environmental issues?

Does she/he have any medical issues we need to be aware of?

Questionnaire Page 3 – Child's Name: _____



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What role has faith been able to play in your child's life so far?

___ Church attendance

___ Prayer at home

___ Religious instruction from parents, godparents, others

___ Other _____

___ Previous religious education classes

Program description:

Is there anything else you would like to share about your son/daughter?

It is understood that this report contains confidential information which may be shared with members of the religious education team who agree to confidentiality.

Parents/guardians: _____

Date: _____

Modified from: A PRAISE Resource (Persons Recognized Accepted Included Spirit-Filled Educated), Archdiocese of Newark, Pastoral Ministry with Persons with Disabilities; and Opening Doors, Chapter Three, Sect. A.6.b.(3.b) Diocese of Orange, Department for Special Religious Education