

**St. Michael's Faith Formation
2011-2012 Special Needs Questionnaire**

The St. Michael Faith Formation staff is dedicated to providing a nurturing and supportive learning environment for all children attending faith formation classes. So that we may better serve your child, please complete the following questions. If you have questions about this form, please feel free to contact Martha Waltersdorf at 919/468-6120 or mwaltersdorf@stmccary.org.

Please complete and return this form with your Registration form. A member of the staff or volunteer will contact you to discuss your responses (and gain additional information, if needed). Please be sure to include your contact information at the end of this questionnaire.

Thank you in advance for your time and efforts.

Name of Child: _____ Nickname: _____

Age: _____ Grade: _____ Sex: _____ School currently attending: _____

Please tell us briefly about your child's special needs:

Would your child benefit from having a special, one-on-one companion assigned to him or her?

Yes No

What are your expectations for a one-on-one companion?

Has your child received a diagnosis of developmental or physical disabilities? Yes No

If your child has received a diagnosis of developmental or physical disabilities, please continue with the questions below. If you have not received a specific diagnosis for your child, please review the remaining questions and complete only those that you feel are applicable to your child. Thank you.

If so, what was the diagnosis?

Please note: If a parent requests a companion for their child, we will make every attempt to fulfill that request. However, in the event we do not have enough volunteers to meet all requests, priority will be given to children with a specific special needs diagnosis.

Is your child's class a regular education class or special education (self-contained) class?

Do you feel your child would be most comfortable in a group of other special needs children? Or do you feel your child would do best in a group of typical children?

Tell us about your child. What are his/her strengths? Special talents?

What are your child's greatest challenges?

What are your child's favorite activities? Does he/she have any special interests (i.e., Barbie, dinosaurs)?

Does your child have any specific sensory challenges (i.e., tactile, vestibular, proprioceptive, visual, oral, personal space, loud noises, etc.)?

Does your child use headphones to block out noises? If so, in what instances does he or she use them?

Does your child have any special dietary restrictions? Yes No If so, please provide specifics:

If your child has an IEP, are there any aspects that have been particularly helpful?

When your child is upset, how do you comfort him or her?

Does your child have any specific triggers for "meltdowns"? If so, what are they and how are they best handled?

Are there any specific supports or accommodations your child may need during class time?

Is there anything else we need to know about your child?

Parent/Guardian Name: _____

Parent/Guardian telephone number: _____

Best time to contact: _____

Parent/Guardian email address: _____

Thank you for your time! Your responses will help us to serve your child in the best way we can!