

Please check all that apply:

I would like to provide detailed information on my child's diagnosis so that staff and volunteers will have a better understanding of how to serve and accompany him or her.

My child receives services from an outside agency.
I would like to connect the school or parish staff with them for additional resources and support.

I would like to share my name and contact information with parents of other children with special needs to build community and provide support for school or parish staff.

These are questions I would like to discuss with the principal or director of religious education:

My name is _____

Date: / /

The best way to reach is by:

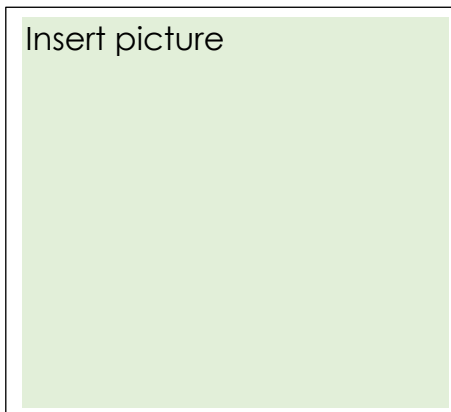
phone: () - call text

email: _____

**Parents, please make a copy of the completed document for your records. Contact the school or parish office for the name and procedure to provide this information to the appropriate person.*

This is My Child:

A Tool Created for Parents to Provide Insight
on How Their Child Learns Best and to
Give Strategies That Foster Positive Behavior
in School and Faith Formation Settings



Name:

Birthday:

_____ / _____ / _____



For each question, please check all that apply and add detail.

Goals for my child:

My child's strengths are

My child learns and understands best by or through:

Visual: Learns through seeing

- My child likes: pictures videos charts maps
 diagrams _____
- It is helpful for my child to: doodle underline words
 replace words with symbols/initials use highlighters
 rewrite words using different colors _____

Auditory: Learns through listening and talking

- My child likes: lectures recordings group discussions
 oral presentations _____
- It is helpful for my child to: one-on-one conversations
 read out loud talk out loud
 use mnemonic devices (e.g., acronyms, rhymes, songs)

Read/Write: Learns through reading and writing

- My child likes: reading research worksheets
 glossaries writing _____
- It is helpful for my child to: make lists make flashcards
 reread rewrite notes in his/her own words
 keep a diary/journal _____

Kinesthetic: Learns by doing and using movement

- My child likes: hands-on activities demonstrations
 interactive experiments role playing art projects
 - It is helpful for my child to: do puzzles play instrument
 write on the chalkboard/smartboard use manipulatives
(e.g., dominoes, geoboards, blocks) _____
- Specifically: _____

My child likes to communicate by/through/using:

- talking facial expressions making sounds gestures
- pointing body language writing drawing
- ASL AAC device computer phone
- Specifically: _____

My child likes to interact with:

- babies younger children older children
- peers teens younger adults
- older adults likes to be alone Specific person on site (e.g., sibling, friend, teacher, etc.) _____

My child finds the following difficult:

- loud noises feeling crowded unfamiliar surroundings
- sitting too long change in routine certain activities
- being touched the feel of _____ the smell of _____
- the taste of _____ the sound of _____ the sight of _____
- Specific triggers: _____

You will know when my child is upset when

The following will help de-escalate the situation before my child's behaviors heighten: (e.g., brushing, exercise, candy, joint compressions, sensory input, music, etc.)

It is helpful to do the following to help my child regain control and calm down: (e.g., distraction, empathy, tickling, physical contact, staying firm, expressing disapproval, etc.)

It would be meaningful for my child to share information on the following topic or integrate in a lesson: