

Help Us to Get to Know Your Child

Catechist Intake Form

Child's Name:

Nickname:

Birthday:

/ /

Insert picture

Names of family members
your child lives with:

What goals do you have for your child?

How does your child take in, understand, express, and remember new information?

Visual: Learns through seeing

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

Auditory: Learns through listening and talking

- My child likes: recordings oral presentations lectures _____
- It is helpful for my child to: read out loud talk out loud discuss one-on-one or in a group
 use mnemonics devices (acronyms, rhymes, songs, etc.) _____

Read/Write: Learns through reading and writing

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

Kinesthetic: Learns by doing and using movement

- My child likes: role play hands-on activities experiments _____
- It is helpful for my child to: do puzzles art projects manipulatives like geoboards
 play an instrument write on the chalk/smartboard _____

Specifically: _____

How does your child like to communicate?

- talking facial expressions making sounds gestures
- pointing body language writing drawing
- other art forms AAC phone ASL Specifically: _____

Who does your child like to interact with?

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

Is there an interest, hobby, talent, or knowledge on a subject that your child might like to share or that we could integrate in a lesson?

Does your child find any of the following difficult?

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

Please share what it looks like when your child is upset:

Is there anything that helps to de-escalate a situation before behaviors heighten? (e.g., candy, brushing, joint compressions, sensory input, going for a walk, music, lotion hand rub, etc.)

What helps your child calm down and regain control? (e.g., distraction, empathy, physical contact, staying firm, taking a walk, disapproval, using some visual/object for easy reset, etc.)

Is there anything else you want to share that will help staff and volunteers have a better understanding of how to accompany and give your child the best experience possible?

Parent:

Date:

It is best to contact me by:

- phone: () - call text
- email: _____

Catechist:

Date:

It is best to contact me by:

- phone: () - call text
- email: _____

