

## **"Help Us Get to Know Your Child" Catechist Intake Form**

(This tool is designed to gather insights from parents regarding how their child learns best and strategies to promote positive behavior. The catechist asks the questions and records the answers. It can be conducted in person or over the phone. Ask the parent to look over to edit and/or clarify. Provide a final signed copy to the parent.)

First name:

Last name:

Prefers to be called:

Birthday:

### **What are your goals for your child?**

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

There are four main learning styles: Visual (seeing), Auditory (listening and talking), Kinesthetic (moving and doing), and Reading/Writing. Examples are provided to help clarify. There is no limit to how many you identify as being helpful for your child. Please provide additional suggestions.

##### **Does your child learn by seeing?**

Does your child like?:	pictures	videos	diagrams	maps
Does it help your child to?:	underline words	doodle	replace words with symbols	highlight words
	rewrite words in different colors			

##### **Does your child learn by listening and talking?**

Does your child like?:	lectures	oral presentations	recordings
Does it help your child to?:	read out loud	talk out loud	discuss 1-on-1
	group discussions	mnemonics devices (acronyms, rhymes, songs)	

##### **Does your child learn by reading and writing?**

Does your child like?:	reading	writing	researching
Does it help your child to?:	reread	make flashcards	rewrite notes in own words
	make lists	take pretests	keep a diary/journal
	do worksheets		

##### **Does your child learn by doing and moving?**

Does your child like?:	role play	hands-on activities	experiments
Does it help your child to?:	do puzzles	art projects	manipulatives like geoboards
	play an instrument		write on the chalkboard/smartboard

#### **How does your child like to communicate?**

talking	facial expressions	making sounds	gestures
pointing	AAC phone body	writing	drawing
specific art form	language	ASL	

**Who does your child like to interact with?**

babies                      younger children                      peers                      older children  
teens                      younger adults                      older adults                      prefers to be alone  
specific person on site (e.g., sibling, friend, teacher, or volunteer)

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

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

**Is there anything that helps to de-escalate a situation before behaviors heighten** (e.g., candy, brushing, joint compressions, sensory input, moving to a new spot, music, or lotion hand rub)?

**Is there anything else you would like to share that will help the staff and volunteers have a 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:

