

Medical and Special Needs Information

Student Name _____ Grade _____

Medical Concerns

Allergies: _____

Medications: _____

Helpful Information:

Academic/Behavioral Concerns

Does your child have an IEP/504 at school? _____ Yes _____ No If so, which one? _____

Please share any information that will help us to help your child succeed and grow in this program, including the child's strengths and needs which will affect his/her involvement and progress.

- May we share this information with your child's Faith Formation catechists? _____ Yes _____ No
- We encourage an in-person discussion to review this information and formulate a plan that will be most optimal for your child. Would you like to do this? _____ Yes _____ No
- Would you like to assist with special needs in the Faith Formation Program? _____ Yes _____ No
If yes, in what manner could you help? _____

Parent/Guardian Signature

Date