

## Including Each Child in Religious Education: A Child Inclusion Assessment

*The information on this form is confidential and will be used by classroom teachers, childcare volunteers and their supervisors to achieve full participation by children and youth through quality care and teaching in a religious education setting. This information will be kept in a secure file.*

### Statement of Inclusion

Every child is welcome, and every child is unique. Full participation is our goal for each child.

We enable our teachers, caregivers and leaders to adjust teaching and care giving styles to accommodate unique needs. We also provide information, training and support to those who volunteer with children and youth to assist them in meeting this goal.

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

1. What are your child's interests?

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2. What classroom activities have been exciting and fun for your child?

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3. Tell us what we should know about your child's physical abilities. Include information about fine and gross motor skills.

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4. Tell us what we should know about your child's language abilities, both receptive and expressive language issues.

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5. Tell us what we should know about your child's behavior. Are there situations that prompt challenging behaviors? What do you do at home to manage the difficult behavior? How would you like us to handle it during activities?

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6. Tell us what we should know about your child's thinking abilities.

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7. What should we know about how your child interacts socially? Does your child have friends in our faith community? Would you like your child to have a buddy from an older grade?

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8. Describe any special dietary needs (allergies/restrictions, lactose intolerance, vegetarian, etc.).

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9. Does your child have personal care needs that require specific instructions? Please include information about toileting, feeding, dressing, seating or special equipment.

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10. How does your child learn the best: hearing, seeing, moving? Are there any learning issues we should understand when we work as a class, for example: reading, language, listening, comprehension, problem solving, concentration, etc.?

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11. If your child will attend an overnight event, please call and talk with the Director of Children and Youth Ministries and discuss your questions and concerns.

12. Please indicate the following conditions with which your child lives:

- ADD – Attention Deficit Disorder
- ADHD – Attention Deficit Hyperactivity Disorder
- Anxiety
- Aspergers Syndrome
- Autism
- Fetal Alcohol Syndrome
- Depression
- Eating Disorder (e.g. anorexia, bulimia, etc.)
- EBD – Emotional Behavioral Disorder
- OCD – Obsessive Compulsive Disorder
- ODD – Oppositional Defiance Disorder
- PTSD – Post Traumatic Stress Disorder
- RAD – Reactive Attachment Disorder
- Allergies – Please Describe \_\_\_\_\_
- Asthma
- Genetic Syndrome (e.g. Down Syndrome)
- Hearing/Seeing Impairment
- Mental Illness
- Mental Retardation
- Physical Disability
- Learning Disability
- Other \_\_\_\_\_

13. Please list the medications your child uses and why.

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14. Is there anything else you want us to know about your child?

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15. Would it be helpful or necessary for your child to participate fully in our programming to have a one-to-one helper? What would you want such a helper to provide for your child?

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Thank you for your time in assisting us with your child's religious development and spiritual growth. Please call us if you would like to arrange a meeting with your child's teachers or the Director of Children and Youth Ministries. We welcome the opportunity to meet with you and discuss any aspect of your child's religious education and faith development.