

Journey Informational Form No changes from 2017-18 _____

Name: _____ Nickname _____

Address _____ City/State _____ Zip _____

Phone _____ E-mail _____ Birthdate ____/____/____

Emergency Information

Who should be contacted if parent or guardian is not available? _____

Relationship: _____ Phone # _____

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Diagnosis: _____

Medications: _____

Other special instructions? _____

Medical Considerations:

Seizures: Yes No Type: _____

Large/Small Motor Difficulties: _____

Food Allergies: _____

Special Diet: _____

Drug Allergies: _____

Any other needed information: _____

Bathroom skills:

Independent: _____ Needs some assistance: _____ Total assistance: _____ Catheter: _____

Method of Communication: (Check all that apply)

Speech understandable _____ Speech difficult to understand _____ Signs _____

Uses communication board, book or pictures _____ Uses communication device _____

Non-verbal but makes needs known _____ Non-verbal but does not make needs known _____

Other _____

Educational Skills:

Approximate developmental functioning level _____

Please list some acquired skills (e.g. reads by sight words): _____

Workshop/Employer/Training Center/

School _____

Work/School Schedule Full-time Part-time

Learning Needs:

Some of our friends are very sensitive to their environment. Lights may be too bright, sounds may be too loud, specific food textures may be bothersome. Such sensitivities can interfere with our friends ability to be comfortable and alert in their environment. Please describe any sensitivities your child/student may have: _____

There are different types of strategies and supports to help our friends when they are upset or when they experience difficulties attending. These include the use of sensory activities, objects and/or equipment. Keeping this in mind please complete the following:

A. What activities? (e.g. movement breaks, bounding, deep pressure, chewing, quiet space) help to **soothe** your child/student when he/she becomes upset?

B. What sensory objects/pieces of equipment (e.g. squeeze toys, weighted lap blanket) help to **soothe** your child/student when he or she becomes upset?

C. What activities? (e.g. movement breaks, bounding, deep pressure, chewing, quiet space) help your child/student **stay alert and ready to interact?**

D. What sensory objects/pieces of equipment (e.g. squeeze toys, weighted lap blanket) help your child/student **stay alert and ready to interact?**

E. Persons with special needs thrive when their environment is structured and predictable. Please identify what learning supports benefit your child (e.g. the use of schedules, timers, first/then boards)

F. A child's/student's ability to attend and engage with a person or activity is dependent upon how well the partner can "read" the child/student and made adjustments in the supports or expectations of the child/student. Please identify the "signs" or "behaviors" your child exhibits when s/he is becoming:

Anxious-

Frustrated-

Angry-

Bored-

G. Please list any emotions your child expresses through facial expressions and/or words: _____

Faith Formation:

What are the hopes you have for your child's/student's faith formation? _____

How can Journey support your efforts? _____

What are your child's/student's gifts/strengths? _____

Attends Mass? Yes/No

No challenges Some challenges Many challenges Cannot attend Mass because: _____

Are there obstacles that the parish could address so that it may be easier for the family to participate?

Would it be helpful to or for your family to be linked with other families experiencing similar challenges (raising a child or being guardian of a person with intellectual and developmental disabilities)?

Service and Social:

Would you and your child/student volunteer at their home parishes in any of the following roles:

Greeters at Mass _____ Bringing up the gifts at Mass _____ Usher _____

Volunteer to help at Chili Suppers, Mardi Gras Events, clean up days, Faith and Family Fest, and other events or help stuff and/or label envelopes, stuff bulletins, etc.? _____

Would you as the parent/guardian be willing to volunteer with your child/student if needed?

Yes _____ Maybe _____ No _____ Is there someone who could come with them? _____

Would you as the parent/guardian be willing to help with setting up a social event for the Journey students or the students and their families a few times a year? (e.g. Events such as movies, restaurants, hikes or picnics in the park, Christmas party, visiting different places (e.g. Holy Hill, art and craft places, museums, YMCA- just for fun and social time). Yes _____ No _____ Maybe _____

Would you be willing to help out with phone calls, writing letters, proofing grants, writing press releases, helping to promote the Journey program and aid in looking for funding assistance?

Yes _____ No _____ Maybe _____

What area would you feel most comfortable in helping?

