

CONFIDENTIAL

Special Needs Form

We ask you to fill out this form so that we can be attentive to all the needs of our children. We recognize that all children have a variety of learning styles. Therefore, it is essential that we develop a program that meets the varying needs of our students. Please fill in the information below so that we can provide a positive experience of Religious Education for your child.

Name of child _____ Grade _____

Name of parent _____

Home phone _____ Work phone _____ Cell phone _____

Please indicate any areas where your child may have special needs:

_____ Food Allergies _____

_____ Reading _____ Writing _____ Visual learner

_____ Auditory learner _____ Hyperactive _____ Attention Deficit

_____ Physical disability _____ Emotional disability

_____ Oral expression (___ Language or ___ Articulation problem)

_____ any combination of the above:

Please list strengths and/or weaknesses:

Please suggest any strategies that you or the school have found successful in assisting your child:

I give permission for this information to be shared with the teacher and aide.

_____ Date _____

(Signature)

***Please return this form with your registration form or in a sealed envelope to the Coordinators of Religious Education:

Tracy Brookmire, Coordinator, Elementary Religious Education

(tbrookmire@epiphanychurch.org)

Sarah Brockwell, Coordinator, Middle/High School Religious Education

(sbrockwell@epiphanychurch.org)