

# Individualized Religious Education Plan

Parish: \_\_\_\_\_

Date:

## Demographic Information

Student Name:

Gender:

Grade Level:

RE Grade Level (if different):

Student Address:

Student Home Phone Number:

Student School District:

School Building:

Student Utilizes the Following at School:

*Check all that apply:*

<input type="checkbox"/>	IFSP	<input type="checkbox"/>	Section 504 Plan
<input type="checkbox"/>	IEP	<input type="checkbox"/>	Behavioral Intervention Plan (BIP)

If Applicable, Special Education Teacher, Classroom Teacher, or Section 504 Case Coordinator:

*{In order to consult school personnel, a "Release of Information Form" will need to be on file with the student's IEP at their attending school. SFA requests a copy of this form, as well.}*

Parent/Guardian Name:

Relationship to Student:

Address (if different from student):

Home Phone Number:

Cell Phone:

Work Phone:

Parent/Guardian Name:

Relationship to Student:

Address (if different from student):

Home Phone Number:

Cell Phone:

Work Phone:

## Sacraments Received

*Check all that have been received:*

<input type="checkbox"/>	Holy Baptism <i>Year and Parish:</i>	<input type="checkbox"/>	Reconciliation <i>Year and Parish:</i>
<input type="checkbox"/>	First Eucharist <i>Year and Parish:</i>	<input type="checkbox"/>	Confirmation <i>Year and Parish:</i>

## Current Achievement and Functioning

Student's Strengths and Interests:

Family Goals and Major Milestones for Child's Religious Education:

Short Term (this school year)-

Long Term (think ahead to sacraments, classroom involvement, etc.)-

Parent's Concerns Related to Child's Religious Education:

Describe the Effects of the Student's Disability on Involvement and Progress in the General, Religious Education Curriculum and how it relates to Sacramental Preparation:

## Special Considerations

Check all that apply:

<input type="checkbox"/>	Behavior (Student's behavior impedes his or her learning or that of others; consideration should be made regarding the use of positive behavioral supports and strategies) <i>Please Describe:</i>
<input type="checkbox"/>	Communication and Language <i>Please Describe:</i>
<input type="checkbox"/>	Health Needs <i>Please Describe:</i>
<input type="checkbox"/>	Assistive Technology Needs <i>Please Describe:</i>
<input type="checkbox"/>	Other <i>Please Describe:</i>

## Accommodations, Modifications, and Supports

If the student would benefit from classroom accommodations, modifications to curriculum, etc. or other supports while participating in the Religious Education Program, please describe:

<b>Accommodations</b> Ex.) Verbalizing answers, text read-aloud, seated near source of instruction or positive peer, etc.	<b>Curriculum Modifications</b> Ex.) Shortened or modified assignments/tasks, use of alternate curricular materials, as appropriate, etc.	<b>Other Supports</b> Ex.) Student Assistant, positive peer model, personal technology device, positive behavioral support, etc.