



SAINT BRIGID ROMAN CATHOLIC CHURCH

3400 Old Alabama Road, Johns Creek, Georgia 30022

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Special Needs Assessment Form

Please complete this form and return to Saint Brigid Office. All information will be kept strictly confidential.

Your input will assist our Special Needs Committee, our purpose is to:

- Provide a safe and welcoming environment for families with special needs.
- Provide information and viable solutions to challenging issues involving special physical and/or learning needs.
- Organize specific and individual means of responding within the parish setting.
- Train volunteers to establish a ministry that will support child, parent and catechist.

Assessment for families with Special Needs: (Pre K-3 through 5th Grade)

- I/we have a special needs child/children who could benefit from special accommodations in a Religious Education Program: (circle) **Pre-K 3, 4, 5 yrs. Grades 1 - 5**
- Sacramental Preparation Program
Other _____.
- I would like to meet with my child's catechist to help build an understanding of successful strategies for learning and social interaction.
- My child would need a special assistant in a Religious Education class setting.
- I would like to volunteer to work as a special classroom assistant to ensure adequate support for other children. (Orientation provided.)
- I would be interested in a classroom structure for children with similar needs.
- I would like to tutor my own child at home and have resources and mentoring available through the parish.
- I would like someone else to work with my child one-on-one as a catechist/mentor.
- My family has other special needs outside of Religious Education, and would like more information about support that is offered. (Caregivers, hearing, other _____.)
- I would like to be contacted to discuss options in more depth and to explain my child's needs, school background, and accommodations/strategies needed.

Child's Name _____ **Age** _____ **Needs** _____

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Volunteer Opportunities:

- I do/do not have a child with special needs, and would like to have the opportunity to volunteer as: Aid to catechist _____ Mentor _____ Committee Member _____
- Other _____

Name: _____ **Phone:** _____

Cell: _____ **Date:** _____

Email Address: _____

Susan Dorner, Volunteer Special Needs Coordinator (ext. 709) susandorner@gmail.com

Please feel free to make comments or suggestions on the back of this form. Thank you for your support!