



Parents of Persons with Disabilities Retreat
Child/Adult Care Inquiry Form

(To be filled out by Parent or Guardian)

Submission of form does not guarantee we will be able to accommodate care; admission depends on personal interview.

Please submit this form to Jeanne McDonald at jmcDonald@st-raphael.com. Jeanne will contact you for further discussion.

Parish: _____

Child's Name: _____ Birthdate: _____ Age: _____

Parent/Guardian attending Retreat: _____

Cell Phone: _____

Type of disability, if known: _____

Brothers/sisters names & ages: _____

Names and Types of Pets: _____

Interests and Hobbies: _____

MEDICAL and PHYSICAL CONSIDERATIONS
Gross Motor Skills: Poor ___ Fair ___ Good ___ Special Considerations:
Fine Motor Skills: Poor ___ Fair ___ Good ___
Mobility: No need for assistance ___ Unsteady/needs a friend at his/her side ___
Uses the following: Wheelchair w/no assistance ___ Wheelchair w/some assistance ___
Walker ___ Crutches ___ Cane ___ Other considerations:(explain)
Visually Impaired: Special considerations / list any other devices used to aid child
Hearing Impaired: Special considerations / list any other devices used to aid child (hearing aids, BAHA, cochlear implant, FM system)
Bathroom Skills:
Independent ___ Needs some assistance ___ Total assistance ___ Catheter ___
Other considerations:

Allergies: Snack will be cheese, Ritz crackers, apple sauce, apple juice and water.

Food: No Known Food Allergies _____

Parent only will provide snacks for student _____

Allergies to the following foods:

Can only have these snack foods:

Other significant allergies:

Other relevant medical needs/information:

PLEASE GIVE US ANY INFORMATION ABOUT YOUR CHILD'S CAPABILITIES, STRENGTHS AND FEARS TO HELP US GIVE YOUR CHILD AN AWARENESS OF GOD'S LOVE IN THEIR LIFE AND TO HELP HIM/HER FIND THEIR OWN SPECIAL GIFTS:

Communication Skills

Language skills: No difficulty in giving verbal responses _____ Speech is difficult to understand _____

Ask for child to repeat back _____ Yes or no responses _____ Processes slowly _____ Sign Language _____

PECS _____

Other considerations:

Written Communication: No difficulty reading/writing at grade level _____ Child reads at _____ grade level

Visually impaired needs: Material in large print _____ Braille _____ Materials on tape _____

Needs someone to read with them _____ Cannot write or print, but uses typewriter/computer _____

Needs some assistance in writing _____ (demonstrate)

Child can tape record responses _____ Child needs someone to write down responses _____

Other considerations:

Hearing impaired needs: Child is hard of hearing _____ Child is deaf _____ Knows ASL (American Sign Language) _____

Other considerations:

Learning style: learns from what he/she hears _____ learns from what he/she sees _____
What he/she touches or handles _____ what he/she is involved in doing _____ what he/she talks about _____
Other considerations:

Attention Span: What helps hold the child's attention?

Distractibility: What types of things are distracting to the child? (visual stimuli, sounds etc.)

Signs of unhappiness, agitation or emotionally upset are:

Events that might trigger these behaviors:

Ways to help regain emotional equilibrium:

Other considerations: