

# Journey Information and Emergency Form

Updated for 2020-21 year

Friends Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Parent/Guardian Information:**

Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

What is the best way to reach you? Phone \_\_\_ Email \_\_\_ Text \_\_\_

## **Emergency Information**

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

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications (Can be attached): \_\_\_\_\_

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: \_\_\_\_\_

**Covid/Other Considerations:** Due to the recent issues of Covid-19, is your son/daughter/ward:

Comfortable wearing a mask (if required to)? Yes \_\_\_\_\_ No \_\_\_\_\_ Working on the skill \_\_\_\_\_

Understand social distancing (if required to)? Yes \_\_\_\_\_ No \_\_\_\_\_ Working on the skill \_\_\_\_\_

Comfortable washing hands often or using hand sanitizer? (if required to)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Working on the skill \_\_\_\_\_

**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 \_\_\_\_\_

What is her/his reading level? None \_\_\_\_\_ Some \_\_\_\_\_ Grade Level \_\_\_\_\_

Is he/she able to write words in addition to his/her name? Yes \_\_\_\_\_ No \_\_\_\_\_ Some \_\_\_\_\_

**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 \_\_\_\_\_

**New information:**

What is your son/daughter/ward's dominant learning style?

Visual learner \_\_\_\_\_ Kinesthetic (hands on) \_\_\_\_\_ Auditory \_\_\_\_\_

Does your son/daughter/ward have access to a computer/tablet/smartphone? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your son/daughter/ward have access to the internet (at home)? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, is there another place they can access it? \_\_\_\_\_

**If the Journey Ministry** needs to close the classroom for a period of time (such as this past spring) and we need to switch to another format of working with our friends, which method is best for your son/daughter/ward?

\_\_\_\_\_ \*Virtual class (where we would teach via zoom, google, skype, etc.) with all of the friends from that group together? The hands on activities for the lesson would need to be picked up, emailed, or mailed beforehand.

\_\_\_\_\_ \*Hands on lessons, where the lesson could be picked up and worked on by the family or via phone call/video call with the mentor.

\_\_\_\_\_ \*Hybrid of the 2 above.

With our Journey room being at St. Mary's we will have the opportunity to take a walk across the street from the school building and church to Queen of Heaven Park. Are there any concerns we should have with your son/daughter/ward regarding crossing streets or open spaces?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**Learning Needs:**

Some of our friends are very sensitive to their environment or get distracted easily. For example, 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 learn in their environment. Please describe any sensitivities your son/daughter/ward 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:

What activities help to soothe your son/daughter/ward when he/she becomes upset? (e.g. movement breaks, bounding, deep pressure, chewing, quiet space) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What sensory objects/pieces of equipment help to soothe your son/daughter/ward when he or she becomes upset? (e.g. squeeze toys, weighted lap blanket) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities help your son/daughter/ward stay alert and ready to interact? (e.g. movement breaks, bounding, deep pressure, chewing, quiet space) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What sensory objects/pieces of equipment help your son/daughter/ward stay alert and ready to interact? (e.g. squeeze toys, weighted lap blanket) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Anxious-

Frustrated-

Angry-

Bored-

Please list any emotions your son/daughter/ward expresses through facial expressions and/or words: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Faith Formation:**

What are the hopes you have for your son/daughter/ward's faith formation? \_\_\_\_\_  
\_\_\_\_\_

How can Journey support your efforts? \_\_\_\_\_  
\_\_\_\_\_

What are your son/daughter/ward's gifts and strengths? \_\_\_\_\_  
\_\_\_\_\_

Does your son/daughter/ward attend Mass? Yes      No      Sometimes

At Mass, do they have: Some challenges      Many challenges      No 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 for your family to be linked with other families experiencing similar challenges (raising a child, teen or caring for an adult or being a parent/guardian of a person with disabilities)?  
\_\_\_\_\_

Would you be open to a parent /guardian who is dealing with a similar diagnosis as your son/daughter/ward to contacting you for questions (i.e. navigating IEP's or guardianship details, dealing with parts of a diagnosis, and/or similar questions)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Service and Social:**

Would you and your son/daughter/ward be willing to volunteer in their home parishes in any of the following roles:

Greeters at Mass \_\_\_\_\_ Bringing up the gifts at Mass \_\_\_\_\_ Usher \_\_\_\_\_

Help at Chili Suppers, Fish Fries, Mardi Gras Events, festivals, and other events? Yes      No

If you are unavailable to help your son/daughter/ward, is there someone else (family member or friend or aide) who would be willing to help your son/daughter/ward?      Yes      No

Would you as the parent/guardian be willing to help with others a social event for the Journey friends and their families?      Yes      No

Would you be willing to help out the Journey Ministry on as needed basis? i.e. stuffing envelopes, addressing envelopes, cutting items, basic sewing repairs, washing blankets/pillows, prepping projects for class, etc.      Yes      No

