

Journey Information and Emergency Form

Updated for 2024-25 year

Friends Name: _____ Birthdate ____/____/____

Address _____ City _____

State _____ Zip _____ Phone _____ E-mail _____

Parent/Guardian Information: Contact Preference: Phone _____ Email _____ Text _____

Parent/Guardian 1: _____ Phone: ____/____/____ Email: _____

Parent/Guardian 2: _____ Phone: ____/____/____ Email: _____

Emergency Information

Emergency contact: _____ Relationship: _____ Phone # _____

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Student/Friend Medical Information:

Diagnosis: _____

Medications (List can be attached): _____

Will son/daughter/ward need to take any medication while at Journey? Yes/No

If yes, what medication? _____

Time: _____ With Food? Yes/No

Special Instructions during class: _____

Medical Considerations:

Seizures: Yes No Type: _____

Large/Small Motor Difficulties: _____

Food Allergies: _____

Special Diet: _____

Is your child tube fed? Yes No Will they be tube feeding while at class? Yes No

Drug Allergies: _____

Any other needed information: _____

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 device _____ Non-verbal but makes needs known _____

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

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

What do we need to know about your son/daughter/ward to be successful: _____

Educational Skills:

Approximate developmental functioning level _____

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

Visual learner _____ Kinesthetic (hands on) _____ Auditory _____

Workshop/Employer/Training Center/School _____ FT/PT

Learning Needs:

Some of our friends are very sensitive to their environment or get distracted easily. For example, bright lights, loud sounds, food textures. 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 emotional or when they experience difficulties focusing. These include the use of sensory activities, objects and/or equipment. Keeping this in mind, please complete the following:

What activities help to calm your son/daughter/ward when he/she becomes upset? _____

What sensory objects/pieces of equipment help to soothe your son/daughter/ward when he or she becomes agitated? _____

What activities or sensory objects help your son/daughter/ward stay alert/focus and ready to interact?

Persons with special needs thrive when their environment is structured and predictable. Please identify what learning supports benefit your son/daughter/ward? _____

Learning Needs continued:

A student/friend's ability to attend and engage with a person or activity is dependent upon how well the mentor 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-

If your son/daughter/ward is non verbal or minimally verbal, please list any ways we can best understand them: _____

Faith Formation:

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

Would it be helpful to be linked with other families experiencing similar challenges? Yes No

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

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

At Mass, do they have: Some challenges Many challenges No challenges

What challenges can we help with at Journey: _____

Are there obstacles that your parish could address so that it may be easier for the family to participate? _____

Service and Social:

Would you and your son/daughter/ward be willing to volunteer at Mass in your home parish in any of the following roles or volunteer in another capacity at your home parish:

Greeters at Mass _____ Bringing up the gifts at Mass _____ Usher _____ Other _____

Have you as a parent/guardian taken the Safe Environment Training? If so, under what name, location and approximate date? _____

Thank you for filling out this form. It helps the Journey Mentors and Catechists greatly understand your son/daughter/ward so they can better serve them.

