

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

