

***St. Elizabeth Ann Seton Church***  
***Office of Faith Formation***  
***IEP/504 Special Needs Information***

Please complete so we may offer helpful assistance to your child and place him or her in the correct class structure, as well as offer alternative tools of learning. This information is **CONFIDENTIAL**. We require this information to be updated yearly. Please attach to the registration form.

Child's name: \_\_\_\_\_ Religion Grade level\_\_

School setting: (circle one) mainstreamed self contained class 504

Classification: (circle one) Developmental delay, Emotional problem, Learning disabled, Autism, ADD or ADHD.

Specifics: (circle one) Dyslexia, Attention Deficit, Hyperactivity, Visual/Auditory, Impulsivity or other: \_\_\_\_\_

Medical info: (medications, seizures, diabetes, asthma, allergies(epi pen)etc  
\_\_\_\_\_

Other helpful information you can recommend that could be used by our Catechists in working with your child each week would be appreciated.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

Parent print name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

**If another form is needed, please duplicate.**