

Appendix B  
(Alternate Religious Education Plan)

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMUNICATION:**

**RECEPTIVE LANGUAGE SKILLS** (How does the student understand language)

\_\_\_ Student can follow conversations with his/her age group. (If YES, skip to next section.)

Please check the recommended accommodations.

\_\_\_ Speak in short sentences using simple vocabulary.

\_\_\_ Give instructions one step at a time watching for completion of each step.

\_\_\_ Make direct eye contact with each student to focus attention.

\_\_\_ Avoid direct eye contact if it is distressing to the student.

\_\_\_ Provide lesson components via the visual modality, pictures, etc.

\_\_\_ Request that student repeat instructions back to teacher or assistant before beginning the assignment.

\_\_\_ Use assistant or place in small group or with a peer to ensure understanding.

\_\_\_ Consider taping important, essential lessons for the parents to go over information with the student during the week.

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

### **HEARING IMPAIRED/DEAF**

**Student has no difficulty hearing. (If Yes , skip to next section.)**

#### **Partial hearing:**

\_\_\_ Face the student so that he/she can read your lips.

\_\_\_ Seat the student where he/she can best hear you.

\_\_\_ Speak into the student's good ear. \_\_\_ right \_\_\_ left

\_\_\_ Have the student check to see whether or not his/her hearing aid is working properly.

\_\_\_ Keep extra batteries on hand.

\_\_\_ Write important points, terms, vocabulary words on the board to be copied.

\_\_\_ Use assistant, peers in room.

\_\_\_ Use as many visual and kinesthetic aids as possible.

#### **STUDENT IS DEAF**

\_\_\_ Determine his/her primary sign language. Ask parent for input in this area. Ask for help if you are not comfortable with an interpreter.

\_\_\_ Consider the use of an interpreter if available.

\_\_\_ Good lighting is needed.

If student can read lips orally then:

\_\_\_ Teacher needs to continually face the student.

\_\_\_ Good lighting is needed.

\_\_\_ Furnish a written outline and notes if possible in advance for the family to work at home with the student.

\_\_\_ Arrange chairs in a circle.

\_\_\_ Request that all students raise their hands to speak.

\_\_\_ Visually indicate who will speak next.

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**EXPRESSIVE LANGUAGE SKILLS (How the student uses language to express his/her thoughts.)**

\_\_\_ Student has no difficulty in providing verbal responses. If YES, skip to next section.)

\_\_\_ Speech is difficult to understand.

\_\_\_ Ask privately if you understood what the student said. Repeat what you think that you heard.

\_\_\_ Student is able to respond in brief sentences and phrases.

\_\_\_ Student is able to give one word responses.

\_\_\_ Student processes language slowly.

\_\_\_ Provide more time for language processing by:

\_\_\_ Repeating the question slowly in short segments.

\_\_\_ Ask everyone to be quiet and think about the question.

\_\_\_ Ask the student to think about it while you rephrase the question.

\_\_\_ Have the student signal you when ready to respond.

\_\_\_ Furnish basic vocabulary words with pictures.

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**WRITTEN COMMUNICATION:**

\_\_\_ Student has no difficulty reading/writing at grade level. (If YES, skip to next section.)

\_\_\_ Student is currently reading on a \_\_\_ grade level \_\_\_

\_\_\_ Student needs assistant to read with him/her.

\_\_\_ Consider use of a computer.

\_\_\_ Assign the assistant if the student needs assistance with written work.

\_\_\_ Student may need someone to write down all responses.

\_\_\_ Permit student to use drawings, pictures, etc. for answers.

\_\_\_ Allow oral answers, especially for testing.

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**PHYSICAL CONDITIONS ---CONSIDER THESE ON AN INDIVIDUAL BASIS**

Student has no physical conditions that need to be considered at this time. (If YES continue to next section).

Student is ambulatory but unsteady and needs a friend at his/her side.

Student uses the following mobility aide(s):

Wheelchair with no need for assistance.

Wheelchair with need for assistance. Please demonstrate.

Walker.

Crutches.

Cane.

Other.

Note: Clear pathways and never move a mobility aide out of the reach of the student.

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

## **VISUAL IMPAIRMENT**

- \_\_\_Orientate the student to the environment before class begins.
- \_\_\_Describe the room arrangement to the student before the class begins.
- \_\_\_Alert the student to potential obstacles or hazards.
- \_\_\_Have participants identify themselves when speaking.
- \_\_\_Do not touch the student without announcing your presence. Stress this with all class members and staff.
- \_\_\_Have someone teach all of the students the appropriate way to assist a person who is blind.
- \_\_\_Student would benefit from a peer mentor.
- \_\_\_Please consider safety issues, fire drills, need to leave building, etc.
- \_\_\_Note if sitting a regular classroom chair student appears uncomfortable and make needed adjustments.
- \_\_\_At dismissal student needs to be accompanied to pick up point or parent needs to come to the classroom. The student is to remain in the classroom until the parent arrives.

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

### **ATTENTION SPAN AND DISTRACTIBILITY**

Child has no difficulty attending during age appropriate situations. (If YES, continue to next section.)

\_\_\_ Ask parent what helps the student to maintain attention at home and in school.

\_\_\_ Work may need to be shortened and modified for student.

\_\_\_ What types of things are distracting to this student:

\_\_\_ Visual stimuli.

\_\_\_ Auditory stimuli—noises, talking, noise outside of the room, etc.

\_\_\_ Activity around him/her.

\_\_\_ Soft talking of others around the student.

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

## **SOCIAL INTERACTION**

Student interacts appropriately with peers and adults. (If YES, continue to next section.)

Consider meeting the student before the first class to alleviate anxiety.

Ensure the student is included in activities and discussions.

Pairing with another student works well in assisting the student to determine appropriate social responses.

Student could use an assistant or peer to be near-by if needed.

Consider that many students with social and behavioral difficulties additionally have academic problems and are not working on grade level.

Modify assignments and expectations as needed. Part of lesson can be assigned as home work if needed.

Additional teaching techniques that the student will respond well to are:

Other information/recommendations for the catechist:

How will the teacher know if your child is becoming unhappy, agitated or emotionally upset? Please describe behaviors:

What types of events might trigger these behaviors?

## **MEDICAL INFORMATION:**

### **ALLERGIES**

Student has no known significant allergies to foods, pollen, or chemicals. (If YES continue to the next section).

### **FOODS**

\_\_\_ Student has allergies to the following foods:

Would the parents prefer to supply snacks for their student when needed to ensure that nothing would cause an adverse reaction?

### **POLLENS**

\_\_\_ Student has allergies to the following pollens (specify):

Are the allergies severe enough to restrict bringing flowers or herbs into the classroom or going out of doors?

### **CHEMICALS**

\_\_\_ The student has significant allergies to:

### **ANIMALS**

\_\_\_ The student has significant allergies to:

OTHER SIGNIFICANT ALLERGIES

INSTRUCTIONS FOR CARING FOR THE STUDENT IN THE EVENT OF AN ALLERGIC REACTION:

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Some questions for Parents concerning their child and how we can make their child feel more comfortable in religious class.**

Does your child enjoy working alone or working in a small group?

Does your child have any food allergies?

What does he/she like to eat?

What is your child's favorite drink?

What does your child like to do in their spare time?

Would you say that your child learns better by seeing, hearing or by doing?

Is there anything you feel we need to know in order to make your child's experience in religious class a happy one?

To instill a valued understanding of the concepts of the Catholic Church, the support of both teachers and parents is necessary. The staff of Saint John the Apostle Catholic Church would like to assist the family by providing religious education instruction that takes into consideration the student's unique and special needs.

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Current exposure to religious experiences:

Church attendance

Prayer at home

Religious instruction from parents, godparents, others

Previous religious education classes

Other

Please describe any of the above that are checked. Use separate page if necessary.

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**It is understood that this report contains confidential information which may be shared with members of the religious education team who agree to confidentiality. \***

Parents/guardians: \_\_\_\_\_ Date: \_\_\_\_\_

MRE/DRE: \_\_\_\_\_ Date: \_\_\_\_\_

Catechist: \_\_\_\_\_ Date: \_\_\_\_\_

Other \_\_\_\_\_ Date: \_\_\_\_\_

\* Reminder – this form should be kept in a private area.