



**SPRED, Special Religious Development, Archdiocese of Chicago  
Home Visit Form**

*The mission of SPRED is to form small communities of faith to welcome persons with intellectual and developmental disabilities and foster inclusion in assemblies of worship.*

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (other) \_\_\_\_\_

E-mail address (s) \_\_\_\_\_

Brothers/Sisters \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Parish \_\_\_\_\_ Registered? Yes \_\_\_\_\_ No \_\_\_\_\_

Sacramental History

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_

Eucharist Date \_\_\_\_\_ Church \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church \_\_\_\_\_

Reconciliation Date \_\_\_\_\_ Church \_\_\_\_\_

Background Information

Diagnosis or description of special needs (*dual?*) \_\_\_\_\_

Physical needs \_\_\_\_\_

Communication skills \_\_\_\_\_

Corrective Aids \_\_\_\_\_

Toileting Routine \_\_\_\_\_

Fears/Phobias \_\_\_\_\_

Enjoyable Activities \_\_\_\_\_

Frustrating Activities \_\_\_\_\_

Behavior Triggers \_\_\_\_\_

Behavior Programs \_\_\_\_\_

Calming Techniques if over excited \_\_\_\_\_

Independent Skills \_\_\_\_\_

School/Workshop/Employment \_\_\_\_\_

Relationships:  
Interaction with family \_\_\_\_\_

Interaction with peers \_\_\_\_\_

Interaction with teachers/staff \_\_\_\_\_

**Emergency Information**

Who to contact: Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Other/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Medications \_\_\_\_\_

Allergies/Type \_\_\_\_\_

Seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent(s)/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_