

## **HOME VISIT FORM**

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

Name			Date of Birth		
Mother		Father			
Address					
Primary Phone		Secondary Phone			
Email address					
Brothers/Sisters - Na	mes				
Legal Guardian					
Facility					
Home Parish			Registered Yes 🗌	No 🗌	
SACRAMENTAL	HISTORY				
Baptism	Date	Church			
First Communion	Date	Church			
Confirmation	Date	Church			
Reconciliation	Date	Church			
BACKGROUND INFORMATION					
Diagnosis or descript	ion of special r	needs			
Physical needs					
Communication Skills	5				
Corrective Aids					
Toileting needs					

Fears Phobias
Enjoyable Activities
Areas of Frustration
Behavior Triggers
Behavior Programs
Suggested Calming Techniques if overexcited
Independent Skills
School/Workshop/Employment
Relationships:
Interaction with family
Interaction with peers
Interactions with teachers/staff

## **EMERGENCY CONTACT INFORMATION**

Who to contact: Parent/Guardian	Phone				
Other/Relationship	Phone				
Doctor	Phone				
Hospital	Phone				
Medications					
Allergies/Type					
History of Seizures? Yes No Describe					
Other comments					

Signature of Parent(s)/Guardian

Date