



SPRED
SPECIAL RELIGIOUS DEVELOPMENT
Archdiocese of Chicago

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 - Names _____

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 description of special needs _____

Physical needs _____

Communication Skills _____

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

_____ Date



Consent for SPRED Participation

With the understanding that the mission of SPRED is to provide a small community of faith, a place of welcome, for the faith development of _____ and inclusion in the sacraments and liturgical celebrations of the church, I consent to the participation of _____ in the SPRED program and its activities. I also agree to be contacted by the SPRED catechist/partner by telephone or e-mail when needed.

Name: _____

Address _____

Phone/E-mail: _____

Signature by parent: _____ Date _____

Signature of Guardian other than parent: _____

Transportation Consent

The SPRED program takes place within a local parish/church. Transportation is occasionally provided by SPRED catechists. These drivers meet the state guidelines for automobile insurance coverage. Please sign this form as an indication of your approval should the need arise for transportation other than your family members. I grant permission for SPRED catechists or volunteer drivers who have undergone background checks by the Archdiocese of Chicago and abide by the procedures of *Protecting God's Children* to provide transportation for _____.

Signature by parent/guardian: _____ Date: _____

Photo Consent

On occasion the SPRED community includes photographs of the members of their group in parish bulletins, posters or the parish/SPRED website for the sake of promoting the SPRED ministry. I understand that these photographs will not be accompanied by the name of or any other information about _____.

Acting on behalf of _____, I agree to the above.

Signature by parent/guardian: _____ Date: _____