

**Parent/Caregiver
Faith Formation Questionnaire**

Name:

Parish:

Parents:

Date of Birth:

Email:

Age:

Phone:

Grade:

Home Address:

Current Date:

I. Faith Formation:

- a) What are the hopes you have for your child's faith formation?

- b) How may we support your efforts?

- c) What are your child's strengths/gifts?

- d) Does your child enjoy being with others?

- e) What activities, toys and interests does he/she particularly enjoy?

- f) What would be the best way and context for meeting and getting to know your child?

g) Sacramental Preparation Needs

g) Attends Mass?

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II. Learning Needs

- a) Some children and youth are very sensitive to their environment. Lights may be too bright, sounds may be too loud, specific food textures may be aversive. Such sensitivities can interfere with a child's ability to be comfortable and alert in their environment.

IV. Pastoral support for parents and family:

Recognizing the many challenges parents face when raising a child with autism, what can we do as a faith community to better support you and your family?

Do you have any other comments/concerns that you would like us to consider?