



Individualized Christian Educational Plan

Student's name _____

Type of special need _____ Age _____

Parents/Guardians _____

Address _____

Home phone _____ Cell phone _____

E-mail address _____

Best way to reach parents/guardians during church services

Student's school _____ Grade _____

What assistance does the student receive at school?

How long has the student been attending church? _____

Do you (parents/guardians) attend church? _____

What church programs does the student regularly attend?

Does the student attend adult worship? _____

Tell us about your child:

Interests _____

Favorite activities _____

Activities your child dislikes _____

Communication style _____

Behavioral signs/triggers _____

Allergies _____

Seizures _____

Other _____



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What is your child's favorite thing about church?

Does your child talk or ask questions about God at home?

What goals do you have for your child at church?

What is working well for your child on Sunday mornings?

What is especially challenging for your child on Sunday mornings?

What modifications does your child need during class time?

What role do you play in your child's Christian education?

How would you like to be involved in your child's ICEP at church?

Additional comments:

Permission for photo release: I give permission for photos of my child to be taken and used by/within

Printed signature _____ Date _____