

**MA'AYAN B'NAI SHALOM
MEDICAL ALERT FORM**

CHILD'S NAME: _____ BIRTHDATE: _____

PUBLIC SCHOOL GRADE: _____ RELIGIOUS SCHOOL GRADE: _____
HOME PHONE: _____

1. Does your child have any medical allergies or chronic illnesses? (Please list.)

2. Does your child take medication on a regular basis? If so, what medication and when?

3. Do you want someone in the administration (usually the Principal) to give your child medication during Hebrew School?

4. Are there emergency medications the school should have available for your child? What are the indications that require administration of the medication? For Epi-Pens, please note who you would like to administer the medication (child, instructor, etc.).

MEDICATION 1: _____

INDICATIONS: _____

MEDICATION 2: _____

INDICATIONS: _____

5. Are there other urgent medical situations which will likely/possibly arise? (Examples: diabetic shock, epileptic seizure, uncontrolled bleeding) How should we treat your child in such circumstances?

Guardian Signature _____ Date _____

THIS FORM IS CONFIDENTIAL

**Ma'ayan B'nai Shalom
Jewish Educational Action Plan**

CHILD'S NAME: _____ **GRADE:** _____

- 1. Has Religious School been a positive learning experience for your child? Explain.**

- 2. Is your child developing a good Jewish self-image? Explain.**

- 3. What are your child's special strengths?**

- 4. What limitations must your child overcome and will you have problems committing your child to at least ten Shabbat youth services a year?**

- 5. What would you like the school to know about your child to make this year the best possible year in terms of your child's connection to Judaism and synagogue life?**

Guardian Signature _____

**Please use additional space if needed
The answers to these questions are confidential**

MA'AYAN B'NAI SHALOM SPECIAL NEEDS FORM

Dear Religious School Families:

Congregation B'nai Shalom has a program in our Religious School for children with special needs. This program provides help to children requiring learning, behavior, physical, and emotional accommodations. Each child has a Jewish Educational Action Plan (JEAP). One facet of this plan may be inclusion in our Hebrew Enrichment Lab. This program meets during regular Hebrew School times. We have teachers with a high level of awareness related to the needs of special education children. There are also teacher's aides to provide a low ratio of instructors to students.

However, the program works best with parental suggestions. Please answer the questions below. The information in this form is strictly confidential and will only be shared with the Director of Education and the teacher of the particular student.

Thank you for your time.

CHILD'S NAME: _____ BIRTHDATE: _____

PUBLIC SCHOOL GRADE: _____ RELIGIOUS SCHOOL
GRADE: _____

1. Does your child have special needs? If so, what are they and how do they affect your child's education?

You may circle appropriate descriptions, if helpful.

Sensory processing issues *Dyslexia* *Autism/Aspberger's spectrum*

Emotional/Psychological difficulties *ADD/ADHD* *Difficulties with motor skills*

Speech impairment *Auditory impairment* *Visual impairment*

2. Does your child have an Individual Educational Plan (IEP) in their secular school?
YES NO
3. What would you like your child to learn in Hebrew School (as part of the Special Education Program)?
4. Does your child have a learning disorder that impacts their language acquisition?
YES NO
5. Does your child have trouble carrying out written work (in English)? YES NO
6. Are there specific activities in which your child cannot participate?
7. What special services, if any, does your child receive in secular school?
a) Classroom accommodations?
b) Specialists seen outside the classroom?

Parent Signature _____ Date _____

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