



ARCHDIOCESE
OF INDIANAPOLIS
The Church in Central and Southern Indiana

SPRED * Special Religious Education
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SPRED DATA SHEET
FRIENDS IN RESIDENTIAL PLACEMENT

Name of Friend _____ Birthdate _____

Date joined SPRED _____ Religious Denomination _____

Residence _____ Director _____

Address _____ City/Zip _____

Sponsoring Agency _____ Telephone _____

Emergency procedures/contacts _____

Personal:

How long has this person resided here? _____ How many residents currently reside here? _____

Does this friend have a roommate, of so what is their roommate's name? _____

Please describe their relationship in a few brief words. _____

Please describe how this person related to other people in the home. _____

Is there family contact? _____ Please describe _____

List family members and their relationship to the person _____

Describe this person's communication skills _____

Describe this person's eating habits and food preferences _____

Describe this person's overall behavior _____

Medical – Please complete the following information so that we may be sensitive to the need of our special friends during SPRED sessions.

Does this friend:

Walk alone / need assistance? _____

Use a wheelchair? _____

Have normal vision / need glasses? _____

Have normal hearing? _____

Need restroom assistance? _____

Have food allergies? _____

Need a straw for drinks? _____

Need assistance with eating? _____

Have difficulty chewing or swallowing? _____

Have seizures? _____

Please list any SPECIAL INSTRUCTIONS for any of the above needs:

Form completed by: _____

Date _____

Relationship to special friend _____

Phone _____