

Participant's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Diagnoses/Disabilities: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

School attending, if applicable: \_\_\_\_\_

Level of placement in school: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Participant's Preferred Learning Style:  Auditory  Visual  Hand's On

Communication

Does participant communicate verbally?  Yes  No

Does participant use sign language/ASL?  Yes  No

Does participant use an electronic device?  Yes  No

Strengths: \_\_\_\_\_

Needs, Limitations or Restrictions: \_\_\_\_\_

Movement/Mobility

Strengths: \_\_\_\_\_

Needs, Limitations or Restrictions: \_\_\_\_\_

Sensory (vision, hearing, tactile, etc.)

Strengths: \_\_\_\_\_

Needs, Limitations or Restrictions: \_\_\_\_\_

Types of activities/sensory input

Avoids the following: \_\_\_\_\_

\_\_\_\_\_

Craves the following: \_\_\_\_\_

\_\_\_\_\_

Behavior/Social

Strengths: \_\_\_\_\_

\_\_\_\_\_

Needs, Limitations or Restrictions: \_\_\_\_\_

\_\_\_\_\_

Emotional

Signs of becoming agitated or unhappy are: \_\_\_\_\_

\_\_\_\_\_

Types of events/activities that may trigger being upset: \_\_\_\_\_

\_\_\_\_\_

What may help regain emotional balance is: \_\_\_\_\_

\_\_\_\_\_

Self-help Skills (eating, toileting, hand washing, etc.)

Strengths: \_\_\_\_\_

Needs, Limitations or Restrictions: \_\_\_\_\_

General Health/Medical

Strengths: \_\_\_\_\_

Needs, Limitations or Restrictions: \_\_\_\_\_

If able to read, at what approximate grade level: \_\_\_\_\_

State approximate developmental level, in years: \_\_\_\_\_

List favorite interests, hobbies, activities: \_\_\_\_\_

\_\_\_\_\_

List any incentives or rewards that are particularly effective: \_\_\_\_\_

\_\_\_\_\_

List any allergies: \_\_\_\_\_

Will have an "EpiPen" with them: \_\_\_\_\_ Yes \_\_\_\_\_ No

List any food restrictions: \_\_\_\_\_

List any restrictions on activities: \_\_\_\_\_

Any history of seizures: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Date/location of the Sacrament of Baptism: \_\_\_\_\_

\_\_\_\_\_

Date/location of the Sacrament of First Reconciliation: \_\_\_\_\_

\_\_\_\_\_

Date/location of the Sacrament of First Holy Communion: \_\_\_\_\_

\_\_\_\_\_

Date/location of the Sacrament of Confirmation: \_\_\_\_\_

\_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from participant): \_\_\_\_\_

\_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from primary): \_\_\_\_\_

\_\_\_\_\_