



Special Recreation Association of Central Lake County

Active Adult Assessment

| BACKGROUND INFORMATION | |
|------------------------|--|
| Participant Name: | |
| Address: | |
| Email: | |
| Phone Number(s): | |
| Date of Birth: | |
| Date of Program Start: | |

PARTICIPANT INFORMATION:

Primary Disability: _____

Secondary Disability: _____

| MEDICAL PRECAUSIONS/CONDITIONS | | COMMENTS: |
|--------------------------------|---|-----------|
| <input type="checkbox"/> | Dietary Restrictions | |
| <input type="checkbox"/> | Seizure Disorder | |
| <input type="checkbox"/> | Diabetes | |
| <input type="checkbox"/> | Allergies (Please List in Comments Area) | |
| <input type="checkbox"/> | Respiratory Concerns | |
| <input type="checkbox"/> | Incontinence: <input type="checkbox"/> Bowel <input type="checkbox"/> Bladder | |
| <input type="checkbox"/> | Medications & Side Effects (Please List in Comments Area) | |
| <input type="checkbox"/> | Other (Please List in Comments Area) | |

| MOBILITY | | COMMENTS: |
|--------------------------|---|-----------|
| <input type="checkbox"/> | Ambulatory (Independent) | |
| <input type="checkbox"/> | Ambulatory with Assistive Devices <input type="checkbox"/> Crutches <input type="checkbox"/> Cane | |

| | | |
|--|---|--|
| | <input type="checkbox"/> Wheelchair (Manual or Electric) <input type="checkbox"/> Walker <input type="checkbox"/> Braces <input type="checkbox"/> Other: | |
|--|---|--|

| TRANSFER ABILITIES | | COMMENTS: |
|--------------------------|--------------------------------|-----------|
| <input type="checkbox"/> | Not Applicable | |
| <input type="checkbox"/> | Independent | |
| <input type="checkbox"/> | Assistance from another person | |
| <input type="checkbox"/> | Cannot Transfer | |
| <input type="checkbox"/> | Other: | |

| MUSCULOSKELETAL | | COMMENTS: |
|--------------------------|--|-----------|
| <input type="checkbox"/> | No Issues | |
| <input type="checkbox"/> | Paralysis | |
| <input type="checkbox"/> | Hemiparesis <input type="checkbox"/> Right <input type="checkbox"/> Left | |
| <input type="checkbox"/> | Gait Problems: (Please List in Comments Area) | |
| <input type="checkbox"/> | Fine Motor Coordination | |
| <input type="checkbox"/> | Gross Motor Coordination | |
| <input type="checkbox"/> | Balance | |
| <input type="checkbox"/> | Other | |

| VISUAL/HEARING ACUITY | | COMMENTS: |
|--------------------------|---------------------------------------|-----------|
| <input type="checkbox"/> | Normal Vision | |
| <input type="checkbox"/> | Corrected with Lenses | |
| <input type="checkbox"/> | Normal Hearing | |
| <input type="checkbox"/> | Mild Hearing Loss | |
| <input type="checkbox"/> | Uses a Hearing Aid | |
| <input type="checkbox"/> | Deaf | |
| <input type="checkbox"/> | Other: (Please List in Comments Area) | |

| SPEECH/COMMUNICATION | | COMMENTS: |
|--------------------------|---------------------------------------|-----------|
| <input type="checkbox"/> | Normal | |
| <input type="checkbox"/> | Apraxia | |
| <input type="checkbox"/> | Difficult to Understand | |
| <input type="checkbox"/> | Uses Communication Device | |
| <input type="checkbox"/> | Sign Language | |
| <input type="checkbox"/> | Other: (Please List in Comments Area) | |

| COGNITIVE CONCERNS | | COMMENTS: |
|--------------------------|---|-----------|
| <input type="checkbox"/> | Disorientation <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Reality | |
| <input type="checkbox"/> | Unable to Read | |
| <input type="checkbox"/> | Unable to Write | |
| <input type="checkbox"/> | Understands/Comprehends Directions <input type="checkbox"/> No Prompting <input type="checkbox"/> Minimal Prompting <input type="checkbox"/> Needs Prompting | |
| <input type="checkbox"/> | Lacks Concentration | |
| <input type="checkbox"/> | Attention Span | |
| <input type="checkbox"/> | Slow Learning Ability | |
| <input type="checkbox"/> | Frequent Confusion | |
| <input type="checkbox"/> | Other (Please List in Comments area) | |

| BEHAVIORAL CONCERNS | | COMMENTS: |
|--------------------------|--------------|-----------|
| <input type="checkbox"/> | Harms Others | |
| <input type="checkbox"/> | Self-Harm | |

| EMOTIONAL CONCERNS | | COMMENTS: |
|--------------------------|--|-----------|
| <input type="checkbox"/> | Appears Depressed | |
| <input type="checkbox"/> | Appears Anxious | |
| <input type="checkbox"/> | Appears Agitated | |
| <input type="checkbox"/> | Appears Isolated | |
| <input type="checkbox"/> | Phobias/Fears (Please List in Comments Area) | |
| <input type="checkbox"/> | Lability (Crying) | |
| <input type="checkbox"/> | Excessive Emotional Response | |
| <input type="checkbox"/> | Withholds Emotional Response | |
| <input type="checkbox"/> | Anger | |
| <input type="checkbox"/> | Other (Please List in Comments area) | |

P - Past Interest

C- Current Interest

W - Would Like to Learn/Do

| Social/Group Activities | P | C | W | | P | C | W |
|--------------------------------|-----|-----|-----|-------------|-------|-----|-----|
| Team Sports | ___ | ___ | ___ | Field-Trips | ___ | ___ | ___ |
| Parties | ___ | ___ | ___ | Other: | _____ | | |
| Volunteering | ___ | ___ | ___ | | | | |
| Current Events | ___ | ___ | ___ | | | | |

| Solitary Activities | P | C | W | | P | C | W |
|----------------------------|-----|-----|-----|-------------------|-------|-----|-----|
| Watching Television | ___ | ___ | ___ | Puzzles | ___ | ___ | ___ |
| Computer Activities | ___ | ___ | ___ | Reading | ___ | ___ | ___ |
| Listening to Music | ___ | ___ | ___ | Phone/Tablet Play | ___ | ___ | ___ |
| Card Games | ___ | ___ | ___ | Other: | _____ | | |

| Physical Activities | P | C | W | | P | C | W |
|----------------------------|-----|-----|-----|------------------|-------|-----|-----|
| Dancing | ___ | ___ | ___ | Basketball | ___ | ___ | ___ |
| Swimming | ___ | ___ | ___ | Weightlifting | ___ | ___ | ___ |
| Baseball/Softball | ___ | ___ | ___ | Walk/Run | ___ | ___ | ___ |
| Track/Field | ___ | ___ | ___ | Volleyball | ___ | ___ | ___ |
| Bowling | ___ | ___ | ___ | Fitness/Exercise | ___ | ___ | ___ |
| Tennis/Badminton | ___ | ___ | ___ | Other: | _____ | | |

| Creative Activities | P | C | W | | P | C | W |
|-----------------------------|-----|-----|-----|---------|-------|-----|-----|
| Drawing | ___ | ___ | ___ | Singing | ___ | ___ | ___ |
| Painting | ___ | ___ | ___ | Cooking | ___ | ___ | ___ |
| Photography | ___ | ___ | ___ | Drama | ___ | ___ | ___ |
| Playing Musical Instruments | ___ | ___ | ___ | Other: | _____ | | |
| Pottery | ___ | ___ | ___ | | | | |

| Outdoor Activities | P | C | W | | P | C | W |
|---------------------------|-----|-----|-----|------------------|-------|-----|-----|
| Gardening | ___ | ___ | ___ | Water Sports | ___ | ___ | ___ |
| Picnics/Cookouts | ___ | ___ | ___ | Horseback Riding | ___ | ___ | ___ |
| Bicycling | ___ | ___ | ___ | Hiking | ___ | ___ | ___ |
| Fishing | ___ | ___ | ___ | Other: | _____ | | |

| Spectator Events | P | C | W | | P | C | W |
|-------------------------|-----|-----|-----|--------|-------|-----|-----|
| Concerts/Plays | ___ | ___ | ___ | Movies | ___ | ___ | ___ |
| Sporting Events | ___ | ___ | ___ | Other: | _____ | | |

Passive Games

| | | | | | | | |
|--------------------|-----|-----|-----|------------|-------|-----|-----|
| Trivia Games | ___ | ___ | ___ | Bingo | ___ | ___ | ___ |
| Educational Games | ___ | ___ | ___ | Card Games | ___ | ___ | ___ |
| Social Board Games | ___ | ___ | ___ | Other: | _____ | | |

WHAT ARE THE MAIN GOALS FOR YOUR PARTICIPANT AT ACTIVE ADULT:

COMMENTS/ADDITIONAL INFORMATION:

SIGNATURE _____ DATE _____