SRACLC Annual Information Form (AIF) – Year: _____

This information will be used for all programs during the current year. Please attach a separate page with other pertinent information if needed. Please contact the SRACLC office if any information changes throughout the year.

Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Sex: ☐Male ☐Female Phone: _____ Cell Phone: _____

Please list primary and secondary disabilities.

_____ _____

_____ _____

If **Down Syndrome**, has participant been tested for atlanto axial instability? ☐Yes ☐No
Does your participant have atlanto axial instability? ☐Yes ☐No

Medications (please update this section each season or whenever dosages change)
Does your participant receive any medication? ☐Yes ☐No
Will your participant take any medication during SRACLC programs? ☐Yes ☐No
***If yes, please complete the Medication Dispensing Information Form and Waiver.

Medication	Dosage	Time(s)	Purpose

Health Issues
Does your participant have seizures? ☐Yes ☐No
Types and reaction: _____
_____

Does you participant have allergies? ☐Yes ☐No
Types and reaction: _____
_____

Dietary Issues
Does participant require assistance eating or drinking? ☐Yes ☐No Comments: _____

- Have any food restrictions? ☐Yes ☐No Comments: _____
- Have any food dislikes? ☐Yes ☐No Comments: _____
- Have any specific food likes? ☐Yes ☐No Comments: _____

Behavior Issues
Does participant display unusual fears? ☐Yes ☐No Comments: _____

- Comply with verbal requests? ☐Yes ☐No Comments: _____
- Respond to specific directions? ☐Yes ☐No Comments: _____
- Have any known situations that trigger behaviors? ☐Yes ☐No Comments: _____
- Respond to reinforcement methods? ☐Yes ☐No Comments: _____
- Respond to behavior improvement techniques? ☐Yes ☐No Comments: _____

What behavior modification techniques can you recommend for you participant?_____
_____

Safety Issues
Does participant need assistance orienting to:
☐people ☐place ☐time
Does participant need assistance protecting:
☐self ☐anticipating safety needs
Does participant need assistance toileting:
☐independent ☐monitor ☐diapering

General Information
Does participant use:
☐wheelchair/stroller ☐crutches ☐walker ☐cane
If participant is non-verbal do they use:
☐sign language ☐communication book/board
☐electronic communication app or device