

SRACL 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 SRACL 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.

T-Shirt Size

Youth Adult

S M L XL XXL

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 SRACL 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 your 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