

SRACLC Annual Information Form – Year: _____

This form is completed to create the SRACLC account and assist our staff with getting to know the participant.

Participant Name: _____ Disability: _____
Birthday: _____ Shirt Size: _____ Shoe Size: _____
Address: _____
Parent/Guardian: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Emergency Contact #1: _____ Phone Number: _____
Emergency Contact #2: _____ Phone Number: _____
Authorized to Pick Up: _____

Health

Does your participant receive any medication? Yes No Yes, not at programs.

*If yes, please complete the medication dispensing form.

Does your participant have seizures? Yes No ***If yes, please complete waiver.

Types and reaction: _____

Does your participant have allergies? Yes No

Types and reaction: _____

Diet

Does participant require assistance eating or drinking? Yes No

Comments: _____

Do they have any food restrictions? Yes No

Comments: _____

Do they have any food dislikes? Yes No

Comments: _____

Do they have any specific food likes? Yes No

Comments: _____

Behaviors

Does participant display unusual fears? Yes No

Comments: _____

Does participant comply with verbal requests? Yes No

Comments: _____

Does participant respond to simple directions? Yes No

Comments: _____

Does participant know right from wrong? Yes No

Comments: _____

Does participant understand behavior yields consequences? Yes No

Comments: _____

Does participant exhibit self-control? Yes No

Comments: _____

What are situations that might trigger behaviors?

Comments: _____

What reinforcement methods does the participant respond well to?

Comments: _____

What tips do you have to promote positive behaviors?

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Safety

Does participant need assistance protecting self or anticipating safety needs? Yes No

Comments: _____

Does participant need assistance toileting: Yes No

Comments: _____

Does participant need assistance with mobility? Ex. Wheelchair/stroller, weight bearing, hand holding, etc.

Comments: _____

General Information

How does participant communicate? Ex. Verbal, non-verbal, sign, communication device, etc.

Comments: _____

If participant struggles with verbally communicating or expressing feelings, wants, needs, etc., what does it look like when participant is feeling ...

Angry: _____

Scared: _____

Frustrated: _____

Happy: _____

Hurt/Sick: _____

What actions or phrases work best to deescalate participant when feeling upset?

Comments: _____

Personality

Generally, participant's activity level is: Active Lethargic

Comments: _____

When playing with others, participant is a: Leader Follower

Comments: _____

In a group situation, participants will engage: Actively Withdraws

Comments: _____

Participant socializes more with: Peers Staff Unknown

Comments: _____

Participant is motivated by: Praise Stickers Food Earning privilege Other

Comments: _____

Participant succeeds best in an environment with: Continuous Structure Some Structure Free Play

Comments: _____

Activities & toys participant most enjoys: _____

Activities my participant least enjoys: _____

Participant's swimming interest and level is: _____

What would you like your participant to accomplish at SRACLC?: _____

Are you new to SRACLC, if yes, how did you hear about us? Yes No