

# Fun and Fitness with Friends Program

## Assessment Form

This form is to be completed by: A parent or guardian of a child with a disability or special need registering for an Addison-Penzak JCC program.

Disability diagnosis                       School IEP                       Psychological

Participant's Disability/Special Need: \_\_\_\_\_

Disability Organization( if applicable): \_\_\_\_\_

Primary caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

### Child's Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  M  F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

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

School Phone: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

### Parent Guardian Information:

Parent Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_

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

\_\_\_\_\_  
(H) \_\_\_\_\_ (H) \_\_\_\_\_

(W) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ (C) \_\_\_\_\_

### Emergency (other than parent/guardian)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Disability Specific Information:**

**Mobility:**            Ambulatory \_\_\_\_\_      Wheelchair: Power \_\_\_\_\_      Manual \_\_\_\_\_  
                                 Walking aid \_\_\_\_\_      Prosthesis \_\_\_\_\_

Please describe any safety guidelines for use:

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**Communication:**      Verbal \_\_\_\_\_              Non-verbal \_\_\_\_\_              ASL \_\_\_\_\_

If participant is non-verbal please describe method of communication used:

Augmentative Communication device \_\_\_\_\_      Icons \_\_\_\_\_      Real Life Pictures \_\_\_\_\_

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**Personal Care:**

Dressing:      Independent \_\_\_\_\_              Dependent \_\_\_\_\_

If dependent, please describe type of support required:

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**Feeding:**      Independent \_\_\_\_\_              Dependent \_\_\_\_\_

If dependent, please describe type of support required:

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**Food Preferences:** \_\_\_\_\_

**Food Dislikes:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Toileting:** Independent \_\_\_\_\_ Dependent \_\_\_\_\_

Please describe support required:

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**Seizures:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when was the last seizure? \_\_\_\_\_

How often do they occur? \_\_\_\_\_

Describe treatment/medication \_\_\_\_\_

**Behavioral Issues:**

Are there any behavioral issues that the Addison-Penzak JCC should be aware of?

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**Allergies:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes please list:

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The following information is required so that we may set up an interview to meet with your child:

What are your child's favorite activities at home or at school? \_\_\_\_\_

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What does your child find difficult?

- Walking     Running     Following directions     Communicating with adults  
 Writing     Reading     Asking for help     Communicating with other children  
 Jumping     Using scissors     Focusing in groups  
 Anything else \_\_\_\_\_

What makes your child anxious or angry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What behaviors does your child exhibit when he/she is anxious or angry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long does it generally take for your child to calm down?

- 5 minutes                       10 minutes                       ½ hour                       1 hour

What interventions usually work to help your child calm down? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications that your child takes and how long has he/she been taking them

(include dosage, time, reason) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I give APJCC permission to use pictures of my child for promotional purposes.  Yes  No
- I give permission for APJCC to contact my child's school and/or caseworker for further information, if needed.  Yes  No
- I understand that APJCC cannot accept responsibility for my child except when under direct supervision of the appropriate APJCC staff member/volunteer. Direct supervision is available only at program locations during program hours.
- I understand that this information will be shared with the instructor(s), volunteer, and the APJCC staff involved with the special needs program.
- The Addison-Penzak JCC reserves the right and has sole discretion to terminate and/or limit the participation of a child if it is deemed that a child's behavior is inappropriate for or harmful to the well-being of the program.

This is to confirm that the information on this form is current and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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