

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:

Communication: Verbal _____ Non-verbal _____ ASL _____

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

Augmentative Communication device _____ Icons _____ Real Life Pictures _____

Personal Care:

Dressing: Independent _____ Dependent _____

If dependent, please describe type of support required:

Feeding: Independent _____ Dependent _____

If dependent, please describe type of support required:

Food Preferences: _____

Food Dislikes: _____

Food Allergies: _____

Toileting: Independent _____ Dependent _____

Please describe support required:

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?

Allergies: Yes: _____ No: _____

If yes please list:

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? _____

What does your child find difficult?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Running | <input type="checkbox"/> Following directions | <input type="checkbox"/> Communicating with adults |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Reading | <input type="checkbox"/> Asking for help | <input type="checkbox"/> Communicating with other children |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Using scissors | <input type="checkbox"/> Focusing in groups | |
| <input type="checkbox"/> 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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