General Contact Information

Participant Contact Information

Participant Name:

_____

Parent/Guardian Name:

_____

Group Home Name/Primary Caregiver (if applicable): _____

Participant Address: Street:

_____

City: _____ State: _____Zip Code: _____

Email Address of Primary Caregiver: _____

Primary Caregiver Home Phone: _____

Group Home Staff Number (if applicable): _____

Parent/Guardian Contact Information

Parent/Guardian Name:

_____

Address (if different than above): Street:

_____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Do you have a PCA or a Support Staff Person who could be a volunteer coach for your child/adult? It is allowable to use this resource for Special Olympics programming. Yes___ No_____

Support Staff/PCA Name: _____

Email Address: _____

Phone: _____

Emergency Contact Information

Emergency Contact Name: _____

Phone: _____ Second Phone : _____

Relationship to Participant: _____

Confidential Profile

***This form will be used for staffing and safety related purposes. Please answer all questions as completely and honestly as possible so that we can appropriately support your child/adult's needs.**

1. Does your child/adult have a Risk Management Plan, (IEP), 504 Plan, Other Health Disability Plan (OHD), or other educational plan *from the public school district?* □ **Yes** □ **No**
2. Does your child/adult have a *private school-generated* education plan? □ **Yes** □ **No**

   If yes to questions 1 or 2, please attach a copy of your child/adult's current risk management plan, and/or educational plan (IEP, 504, or OHD) to this form.
3. Does your child/adult receive support services in or out of their school day, day program, or work program (special education/resource support, paraprofessional, one-on-one aide, private therapist, private tutor)?

   □ **Yes** □ **No** If so, provide details.

_____

_____

_____

Please circle the appropriate categories that apply to your child or adult:

ADD/ADHD	Allergies	Anxiety
Asthma	Asperger's Syndrome	Autism/PDD
Conduct/OD Disorder	Depression	Developmental Delay
Emotional/Behavioral Disorder	Diabetes	Epilepsy/Seizures
Hearing Impairment	Learning Disability	Obsessive-Compulsive Disorder
Physical Disability	Cerebral Palsy	Speech/Language Disability
Tourette's Syndrome	Visual Impairment	Other_____

_____

Communication Skills

Are there any effective key words or phrases that will help your child/adult express his/her needs?

_____

_____

_____

_____

Does your child/adult use any adaptive or augmentative communication strategies or equipment (sign language, communication board, hearing aids, etc.)?

_____

_____

Social Skills

Please describe any negative or socially unacceptable behaviors your child/adult may exhibit while at the JCC.

Please describe any positive behavior supports that work well for your child/adult.

What are best strategies in addressing any negative behavior that may arise?

Please describe your child/adult's typical interactions with peers in a group setting.

What are some strategies that you use to encourage your adult/child to listen and follow directions?

How long is your child/adult typically able to focus on a specific activity? What strategies do you use to regain focus?

Physical Skills

Please describe any physical limitations that may affect your child/adult's participation in activities (i.e. low muscle tone, asthma, seizure disorder, sensory processing, etc.).

Please describe (or include attached), in detail, the protocol that the staff should be aware of if you child/adult has a seizure, asthma attack, diabetic shock or insulin reaction, etc. (if applicable):

Is there any equipment that would help ensure your child/adult's successful participation?

Does your child/adult have any allergies or dietary restrictions?

Please list any medications that your child/adult takes on a regular basis.

Please describe any assistance with any daily living skills (eating, using the bathroom, dressing/changing) that your child/adult will require.

Please feel free to attach additional pages to share any other information that will help ensure a safe and successful experience for your child/adult. You may also call Anita Lewis at (952)381-3489 or e-mail alewis@sabesjcc.org.