



Respite Program Services

Annual Registration Forms

Easterseals Crossroads improves the lives of children and adults with special needs, disabilities or challenges by promoting inclusion, independence and dignity.

Dear Parent/Caregiver,

Thank you for your interest in our Respite Programs at Easterseals Crossroads! We are excited that you and your family are considering utilizing our services.

In order to participate in a Respite event, we must have a registration form on file for <u>each individual</u> interested in attending (this would include typically developing siblings for Parents' Night Out). Please be advised that it is for the safety of your loved one, the other individuals in the program, and our staff that the <u>registration forms are</u> thoroughly completed and support plans are attached. Should we not receive all pertinent information, admissions into the program may be delayed.

The annual registration form contains basic information needed for all Respite Programs.

Please return enclosed paperwork and copies of updated IEPs (or another form of documentation to confirm diagnosis) for all children who have them to:

Emily Garvin

egarvin@eastersealscrossroads.org 4740 Kingsway Dr. Indianapolis, IN 46205 P: 317-466-1000 X 2504 F: 317-788-4640



2021 Acknowledgement of Receipt Parent/Guardian & Participant Handbook - Respite Services

I,, the parent/guardian of				
(Parent/Guardian Name)	(Primary Participant's Name)			
agree to comply with the policies and pro	the Parent/Guardian & Participant Handbook and ocedures set in place. I understand that it is my arize myself with the handbook and to ask questions			
 Signature	 Date			



2021 Annual Respite Registration Forms

Directions: Page 2 should be completed once for your family and pages 3-5 for each participant.

Individuals Attending	<u>Respite Programs:</u>		
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Parent/Guardian/Care	giver Information:	Other than these listed ab	the following people
Name:	·	Other than those listed ab are authorized to pick up/ required)	drop off the participant (ID
Address:		— Name:	Phone:
City: S	tate: Zip:		
Home:	Cell:		r none.
Email address:		Name:	Phone:
			Phone:
			Phone:
How did you hear about us?: _			
How did you hear about us?: _	T INFORMATION (d	ther than parent/caregi	iver listed above):
How did you hear about us?: _ EMERGENCY CONTAC 1. Name:	T INFORMATION (d		iver listed above):
How did you hear about us?: EMERGENCY CONTAC 1. Name: Home Number:	T INFORMATION (d	ther than parent/caregi Relation to participant: Cell Phone Number:	iver listed above):
How did you hear about us?: _ EMERGENCY CONTAC 1. Name: _ Home Number: 2. Name:	T INFORMATION (d	ther than parent/caregi Relation to participant: Cell Phone Number: Relation to participant:	iver listed above):
How did you hear about us?: _ EMERGENCY CONTAC 1. Name: _ Home Number: 2. Name:	T INFORMATION (d	ther than parent/caregi Relation to participant: Cell Phone Number:	iver listed above):
How did you hear about us?: _ EMERGENCY CONTAC 1. Name: Home Number: 2. Name: Home Number:	T INFORMATION (d	ther than parent/caregi Relation to participant: Cell Phone Number: Relation to participant:	iver listed above):

By signing below, I acknowledge the following: I have provided Easterseals Crossroads with the most recent and up-to-date information including health, medical and authorized pick up user information for the above listed participant(s). In addition, I have attached all of the required support plans in order to ensure participants have a safe and healthy experience while participating in the Respite events. I understand if the individual's behavior poses a threat to his safety or the safety of others, the individual may need to be withdrawn from the program. In the event of an emergency, I give my permission for Easterseals Crossroads to seek emergency medical care and treatment from the physician and/or hospital that I have identified above for the participant.

Parent/Guardian Signature:	Date:
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Use of wheelchair

Please describe:

Use of prosthetics/orthotics

Requires assistance ambulating/transferring

taking on disability together Participant Information: Primary Disability: ______ Secondary Disability: _____ Allergies (meds/food): School Classroom Setting (i.e. general education, special education, ABA center etc.): Individual requires one-on-one care or supervision (aide at school, CNA/RN care at home, etc.) yes no If yes, please explain____ Ethnicity: ☐ African American ☐ Native American ☐ Asian American ☐ Caucasian Hispanic ☐ Multiple Ethnicities ☐ Other: Support plans: My child has the following support plans in place and I have attached them to this registration form. I understand that these plans are required for participation in the Respite events at Easterseals Crossroads. ☐ Individualized Education Plan ☐ Behavior Support Plan ☐ Individual Support Plan ☐ Seizure Management Plan ☐ Other: _____ ☐ Not Applicable; Reason: _____ Levels of Care: Individuals interested in participating in the Respite Program will be screened to determine the level of care required, and to assess how the staff can best meet the needs of the participant. The level of care assigned will be on a trial basis. Should the staff determine the needs of the participant have changed; a new level of care will be assigned. Toileting Participant is fully independent If not, please circle which of the following are applicable: Reminders Diapers Assistance with clothing Assistance with washing hands Assistance after a bowel movement Assistance transferring on/off toilet Please describe: Ambulation/Risk of Falling (Seizures) Participant is fully independent/ambulatory and has no serious risk of falling If not, please circle which of the following are applicable:

Risk of falling due to instability

Risk of falling due to seizures

Other: _____

Medication Administration			
Participant will frequently requir (If yes, you need to fill out a medication	e medication admir n administration form	nistration while at F o at sign in each time	Respite events e you attend a respite event.)
Participant <u>will not</u> require medi	cation administratio	on while at Respite	events
Participant requires administrati	on of <u>PRN medication</u>	<u>on</u> (i.e. inhaler, me	elatonin, diastat, epi-pen)
Please describe:			
Level of Supervision Needed			
☐ Independent – participant can b require constant supervision	e left unattended, n	night occasionally	show poor judgment but does no
$\hfill\square$ Large Group – participant stays	engaged when supe	ervised by an adult	t in a group of 5-7 participants
☐ Small Group – participant stays			
One-on-One – participant requir			
How does your child respond to	new environmen	ts?:	
Leisure Activities			
		16	
Please circle activities that your chil	<u>ld enjoys participati</u>	ng in:	
Please circle activities that your chil Outside/Playground		<u>ng in:</u> s/electronics	Gym
			Gym Painting/Coloring
26 57 Weeks of No.	Video game	s/electronics	eroca (Carron Carron Ca
Outside/Playground Arts/Crafts	Video game Movies	s/electronics	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports	Video game. Movies Pretend Play Music/Danci	s/electronics / ng	Painting/Coloring
Outside/Playground Arts/Crafts Sports Reading Books	Video game. Movies Pretend Play Music/Danci	s/electronics / ng	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports Reading Books Please describe:	Video game. Movies Pretend Play Music/Danci	s/electronics / ng	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding	Video game. Movies Pretend Play Music/Danci	s/electronics / ng	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent	Video game. Movies Pretend Play Music/Danci	s/electronics / ng	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the foll	Video game. Movies Pretend Play Music/Danci	s/electronics / ng	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the foll Special preparation of food (Video game. Movies Pretend Play Music/Danci	s/electronics / ng e: ut into small pieces	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the foll Special preparation of food (Food allergies	Video game. Movies Pretend Play Music/Danci	s/electronics / ng e: ut into small pieces Diabetic	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the foll Special preparation of food (Food allergies G-tube feedings	Video game. Movies Pretend Play Music/Danci	e: Diabetic Diet restrictions	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the foll Special preparation of food (Food allergies G-tube feedings Bottle feeding	Video game. Movies Pretend Play Music/Danci owing are applicabl i.e. pureed, soft, cu	e: It into small pieces Diabetic Diet restrictions Choking risk	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the foll Special preparation of food (Food allergies G-tube feedings	Video game. Movies Pretend Play Music/Danci owing are applicabl i.e. pureed, soft, cu	e: It into small pieces Diabetic Diet restrictions Choking risk Assistance with	Painting/Coloring Board Games Other:

Communication							
Participant can effectively communicate needs and/or if help is needed							
If not, please circle which of the following are applicable:							
Requests items by pointing	3	PECS (picture ex	kchange c ommunication s ystem)				
Sign/Gestures/ASL		Writing/Visual so	chedules/Word cards				
Communication device		One or two word	phrases				
Vocalizations/sounds		Unable commun	icate needs				
Please describe:							
Sancani							
Sensory Please indicate by circling which o	f the following m	nay impact the n	articipant's behavior/participation:				
Bright lights/Sunlight	Hot/Cold						
Animals			Sounds/Loud noises				
Animais	Thunderstorms	otner: _					
The participant enjoys the following	ng sensory activi	<u>ties:</u>					
Ear protection	Chewy toys	Weigl	hted blankets/vests				
Light-up objects	Water play	Deep pressure hugs/massage					
Body brushing	Fuzzy toys	Other	Ti				
Please describe:							

BEHAVIOR	COUNT		TIME	DIRECTION GIVEN
Example: Does not comply with requests	3 times	per	hour	
Scratches, pinches, bites, or hits self		per		
Scratches, pinches, bites, or spits on others		Per		
Bangs head		Per		
Grabs others		Per		
Pulls Hair	-	Per		
Runs away/risk of elopement		Per		
Gets into/takes others personal belongings		Per		
Strips down clothing/exposes self in public		Per		



Participant Information: Primary Disability: ______ Secondary Disability: _____ Allergies (meds/food): School Classroom Setting (i.e. general education, special education, ABA center etc.): Individual requires one-on-one care or supervision (aide at school, CNA/RN care at home, etc.) yes no If yes, please explain_____ Ethnicity: African American Native American Asian American Caucasian ☐ Multiple Ethnicities ☐ Other: _____ Hispanic Support plans: My child has the following support plans in place and I have attached them to this registration form. I understand that these plans are required for participation in the Respite events at Easterseals Crossroads. ☐ Individualized Education Plan ☐ Behavior Support Plan ☐ Individual Support Plan ☐ Seizure Management Plan ☐ Other: _____ ☐ Not Applicable; Reason: _____ Levels of Care: Individuals interested in participating in the Respite Program will be screened to determine the level of care required, and to assess how the staff can best meet the needs of the participant. The level of care assigned will be on a trial basis. Should the staff determine the needs of the participant have changed; a new level of care will be assigned. Toileting Participant is fully independent If not, please circle which of the following are applicable: Reminders Diapers Assistance with clothing Assistance with washing hands Assistance after a bowel movement Assistance transferring on/off toilet Please describe: Ambulation/Risk of Falling (Seizures) Participant is fully independent/ambulatory and has no serious risk of falling If not, please circle which of the following are applicable: Use of wheelchair Risk of falling due to instability Use of prosthetics/orthotics Risk of falling due to seizures

Other: _____

Requires assistance ambulating/transferring

Please describe:

Medication Administration						
Participant will frequently require medication administration while at Respite events (If yes, you need to fill out a medication administration form at sign in each time you attend a respite event.)						
Participant will not require medication administration while at Respite events						
Participant requires administration of PRN medication (i.e. inhaler, melatonin, diastat, epi-pen)						
Please describe:						
Level of Supervision Needed	4					
☐ Independent – participant can be left require constant supervision	t unattended, n	night occasionally s	show poor judgment but does not			
☐ Large Group – participant stays enga	aged when supe	ervised by an adult	in a group of 5-7 participants			
☐ Small Group – participant stays enga						
One-on-One - participant requires ar	Self-Sci					
How does your child respond to new	v environmen	ts?:				
Leisure Activities						
Please circle activities that your child en	joys participati	ng in:				
Outside/Playground	Video game	s/electronics	Gym			
Arts/Crafts	Movies		Painting/Coloring			
Sports	Pretend Play	′	Board Games			
Reading Books	Music/Danci	ng	Other:			
Please describe:						
Nutrition/Feeding Participant is fully independent						
If not, please circle which of the followin	ua ara analisahi					
Special preparation of food (i.e. p			ata)			
	Jureed, Soit, Ct		, etc)			
Food allergies		Diabetic				
G-tube feedings		Diet restrictions				
Bottle feeding		Choking risk				
Assistance opening packages			feeding/using utensils			
Picky eater (please list preferred	3.2		ovided by parent/caregiver			
Please describe:			·			

Communication				
☐ Participant can effectively com	municate needs	and/or if help	is needed	
If not, please circle which of the fo	ollowing are app	licable:		
Requests items by pointing	PECS (p icture e xchange c ommunication s ystem)			
Sign/Gestures/ASL		Writing/Visual	schedules/Word card	ds
Communication device		One or two wo	rd phrases	
Vocalizations/sounds		Unable commu	ınicate needs	
Please describe:				
Sensory		2000		
Please indicate by circling which o	f the following n	nay impact the	participant's behavio	or/participation:
Bright lights/Sunlight	Hot/Cold	Touch	Sound	s/Loud noises
Animals	Thunderstorm	s Other:		
The participant enjoys the following	ng sensory activi	ties:		
Ear protection	Chewy toys	Weighted blankets/vests		S
Light-up objects	Water play			
Body brushing	Fuzzy toys	Oth	er:	
Please describe:				
	262			-

BEHAVIOR	COUNT		TIME	DIRECTION GIVEN
Example: Does not comply with requests	3 times	per	hour	
Scratches, pinches, bites, or hits self		per		
Scratches, pinches, bites, or spits on others		Per		
Bangs head		Per		
Grabs others		Per		
Pulls Hair		Per		
Runs away/risk of elopement		Per		
Gets into/takes others personal belongings		Per		
Strips down clothing/exposes self in public		Per		



Participant Information:

Name:	Date of Birth:	Male Female
Primary Disability:	Secondary Disability:	
Allergies (meds/food):		
School Classroom Setting (i.e. general education,	special education, ABA center etc.): _	
Individual requires one-on-one care or supervis	sion (aide at school, CNA/RN care at h	ome, etc.) 🗌 yes 🔲 no
If yes, please explain		
Ethnicity: African American Hispanic Multiple Ethnicities	☐ Asian American ☐ Caucas	
Support plans:		
My child has the following support plans in place understand that these plans are required for particles and individualized Education Plan Behavior	articipation in the Respite events a or Support Plan	t Easterseals Crossroads. upport Plan
☐ Seizure Management Plan ☐ Other:	Not Applicat	ole; Reason:
Toileting Participant is fully independent		
If not, please circle which of the following are	applicable:	
Reminders	Diapers	
Assistance with clothing	Assistance with washing hand	S
Assistance after a bowel movement	Assistance transferring on/off	toilet
Please describe:		<u> </u>
Ambulation/Risk of Falling (Seizures	-	
If not, please circle which of the following are	applicable:	
Use of wheelchair	Risk of falling due to ir	ıstability
Use of prosthetics/orthotics	Risk of falling due to s	eizures
Requires assistance ambulating/transfe	erring Other:	
Please describe:		

Medication Administration			
Medication Administration			
Participant will frequently require med (If yes, you need to fill out a medication admin	ication admin nistration form	istration while at R at sign in each time	espite events you attend a respite event.)
Participant will not require medication	administratio	n while at Respite	events
\square Participant requires administration of \underline{F}	PRN medication	on (i.e. inhaler, mel	atonin, diastat, epi-pen)
Please describe:			
			
Level of Supervision Needed			
☐ Independent – participant can be left urequire constant supervision	ınattended, n	night occasionally s	how poor judgment but does no
☐ Large Group – participant stays engage	ed when supe	ervised by an adult	in a group of 5-7 participants
\square Small Group – participant stays engage	ed when supe	ervised by an adult	in a group of 2-4 participants
One-on-One – participant requires an a	7.0		
How does your child respond to new e	environmen	ts?:	
Leisure Activities		·····	
we can proper action that we	one at entr		
Please circle activities that your child enjo	<u>ys participati</u>	<u>ng in:</u>	
Please circle activities that your child enjo Outside/Playground		ng in: s/electronics	Gym
			Gym Painting/Coloring
Outside/Playground	Video games	s/electronics	Sees 100 (Months designer 20 10)
Outside/Playground Arts/Crafts Sports	Video games Movies Pretend Play	s/electronics	Painting/Coloring Board Games
Arts/Crafts Sports Reading Books	Video games Movies Pretend Play Music/Danci	s/electronics	Painting/Coloring
Outside/Playground Arts/Crafts Sports Reading Books	Video games Movies Pretend Play Music/Danci	s/electronics	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports Reading Books Please describe:	Video games Movies Pretend Play Music/Danci	s/electronics	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding	Video games Movies Pretend Play Music/Danci	s/electronics	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent	Video games Movies Pretend Play Music/Danci	s/electronics , ng	Painting/Coloring Board Games
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following	Video games Movies Pretend Play Music/Danci	e:	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent	Video games Movies Pretend Play Music/Danci	e:	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following	Video games Movies Pretend Play Music/Danci	e:	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following Special preparation of food (i.e. pu	Video games Movies Pretend Play Music/Danci	e: it into small pieces,	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following Special preparation of food (i.e. pu Food allergies	Video games Movies Pretend Play Music/Danci	e: Diabetic	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following Special preparation of food (i.e. pu Food allergies G-tube feedings	Video games Movies Pretend Play Music/Danci	e: t into small pieces, Diabetic Diet restrictions Choking risk	Painting/Coloring Board Games Other:
Outside/Playground Arts/Crafts Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following Special preparation of food (i.e. pu Food allergies G-tube feedings Bottle feeding	Video games Movies Pretend Play Music/Danci	e: It into small pieces, Diabetic Diet restrictions Choking risk Assistance with f	Painting/Coloring Board Games Other:

Communication							
Participant can effectively communicate needs and/or if help is needed							
If not, please circle which of the following are applicable:							
Requests items by pointing	3	PECS (picture exchange communication system)					
Sign/Gestures/ASL		Writing/Visual sched	dules/Word cards				
Communication device		One or two word ph	rases				
Vocalizations/sounds		Unable communicat	e needs				
Please describe:							
Company							
Sensory							
Please indicate by circling which o	t the following m	iay impact the parti	cipant's behavior/participation:				
Bright lights/Sunlight	Hot/Cold	Touch	Sounds/Loud noises				
Animals	Thunderstorms	Other:					
The participant enjoys the followir	ng sensory activi	ties:					
Ear protection	Chewy toys	Weighted	d blankets/vests				
Light-up objects	Water play	Deep pre	essure hugs/massage				
Body brushing	Fuzzy toys	Other: _					
Please describe:							

BEHAVIOR	COUNT		TIME	DIRECTION GIVEN
Example: Does not comply with requests	3 times	per	hour	
Scratches, pinches, bites, or hits self		per		
Scratches, pinches, bites, or spits on others		Per		
Bangs head		Per		
Grabs others		Per		
Pulls Hair		Per		
Runs away/risk of elopement		Per		
Gets into/takes others personal belongings		Per		
Strips down clothing/exposes self in public		Per		



Use of wheelchair

Please describe:

Use of prosthetics/orthotics

Requires assistance ambulating/transferring

taking on disability together Participant Information: Primary Disability: ______ Secondary Disability: _____ Allergies (meds/food): School Classroom Setting (i.e. general education, special education, ABA center etc.): Individual requires one-on-one care or supervision (aide at school, CNA/RN care at home, etc.) yes no If yes, please explain____ Ethnicity: ☐ African American ☐ Native American ☐ Asian American ☐ Caucasian Hispanic ☐ Multiple Ethnicities ☐ Other: Support plans: My child has the following support plans in place and I have attached them to this registration form. I understand that these plans are required for participation in the Respite events at Easterseals Crossroads. ☐ Individualized Education Plan ☐ Behavior Support Plan ☐ Individual Support Plan ☐ Seizure Management Plan ☐ Other: _____ ☐ Not Applicable; Reason: _____ Levels of Care: Individuals interested in participating in the Respite Program will be screened to determine the level of care required, and to assess how the staff can best meet the needs of the participant. The level of care assigned will be on a trial basis. Should the staff determine the needs of the participant have changed; a new level of care will be assigned. Toileting Participant is fully independent If not, please circle which of the following are applicable: Reminders Diapers Assistance with clothing Assistance with washing hands Assistance after a bowel movement Assistance transferring on/off toilet Please describe: Ambulation/Risk of Falling (Seizures) Participant is fully independent/ambulatory and has no serious risk of falling If not, please circle which of the following are applicable:

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Risk of falling due to seizures

Other: _____

Medication Administration			
Participant <u>will frequently</u> requir (If yes, you need to fill out a medication	e medication admir n administration form	istration while at R at sign in each time	Respite events you attend a respite event.)
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Please describe:			
Level of Supervision Needed			
☐ Independent – participant can be require constant supervision	e left unattended, n	night occasionally s	show poor judgment but does no
☐ Large Group – participant stays		54	
☐ Small Group – participant stays			
One-on-One – participant require			
How does your child respond to	new environmen	ts?:	
		-	
Leisure Activities			
Please circle activities that your chil	<u>d enjoys participati</u>	ng in:	
Outside/Playground	Video game	s/electronics	Gym
Arta/Crafts	Movies		Painting/Coloring
Arts/Crafts	, , , , , , ,		\$\tau_{\text{\text{\$\pi_{\text{\$\endownbeta}}}}}}}}}}}}}}}}}}}}}}}\engthintilde{\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\pi_{\text{\$\endownbeta}}}}}}}}}}}}}}}} \engintentingentionalty}}}}}}}}}}}}}}}}}}}}}}}} \endthentilde{\pi_{\text{\$\tiny_{\}}}}}}}}}}}}}}}}}}}}
Sports	Pretend Play	1	Board Games
Sports	Pretend Play Music/Danci	ng	Board Games
Sports Reading Books	Pretend Play Music/Danci	ng	Board Games
Sports Reading Books Please describe:	Pretend Play Music/Danci	ng	Board Games
Sports Reading Books Please describe: Nutrition/Feeding	Pretend Play Music/Danci	ng	Board Games
Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent	Pretend Play Music/Danci	ng	Board Games
Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent	Pretend Play Music/Danci	ng e:	Board Games Other:
Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the follows	Pretend Play Music/Danci	ng e:	Board Games Other:
Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following Special preparation of food (i	Pretend Play Music/Danci	ng <u>e:</u> t into small pieces	Board Games Other:
Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following Special preparation of food (in Food allergies)	Pretend Play Music/Danci	e <u>:</u> t into small pieces Diabetic	Board Games Other:
Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the following Special preparation of food (in Food allergies) G-tube feedings	Pretend Play Music/Danci owing are applicable .e. pureed, soft, cu	e: t into small pieces Diabetic Diet restrictions Choking risk	Board Games Other:
Sports Reading Books Please describe: Nutrition/Feeding Participant is fully independent If not, please circle which of the follow Special preparation of food (in Food allergies) G-tube feedings Bottle feeding	Pretend Play Music/Danci owing are applicable .e. pureed, soft, cu	e: t into small pieces Diabetic Diet restrictions Choking risk Assistance with	Board Games Other:

Communication					
Participant can effectively communicate needs and/or if help is needed					
If not, please circle which of the f	ollowing are app	<u>licable:</u>			
Requests items by pointing		PECS (p icture e xchange c ommunication s ystem)			
Sign/Gestures/ASL		Writing/Visual schedules/Word cards			
Communication device	Communication device		One or two word phrases		
Vocalizations/sounds	Vocalizations/sounds		Unable communicate needs		
Please describe:	se describe:				
Sanasuri					
Sensory Please indicate by circling which o	f the following m	any impact the n			
	by circling which of the following m				
Bright lights/Sunlight	Hot/Cold	Touch	Sounds/Loud noises		
Animals	Thunderstorms	other: _			
The participant enjoys the following	ng sensory activi	ties:			
Ear protection	tection Chewy toys		hted blankets/vests		
Light-up objects	ight-up objects Water play		pressure hugs/massage		
Body brushing	Fuzzy toys	Other	·:		
Please describe:					
	ase describe:				

BEHAVIOR	COUNT		TIME	DIRECTION GIVEN
Example: Does not comply with requests	3 times	per	hour	
Scratches, pinches, bites, or hits self		per		
Scratches, pinches, bites, or spits on others		Per		
Bangs head		Per		
Grabs others		Per		
Pulls Hair	-	Per		
Runs away/risk of elopement		Per		
Gets into/takes others personal belongings		Per		
Strips down clothing/exposes self in public		Per		