ACTIVITIES ROOM PARTICIPANT INFORMATION FORM

Participant's Full Name:		Age	Nickname:
	EMERGENCY CON	NTACT INFORM	<u>IATION</u>
Name and relationship:			
Phone (cell):			
	СОММ	UNICATION	
How does your PARTICIPANT prefer to co			
☐ Speaks clearly ☐ Uses sign language	☐ Speaks, but m	ay be difficult t	to understand Uses communication board
☐ Gestures ☐ Other (explain:)
	<u>ALLERGIES</u>	/RESTRICTION	<u>s</u>
Does your PARTICIPANT have any allergie	es or dietary restr	rictions? 🗆 \	∕es □No
If yes, please specify:			
	PARTICIPA	NT'S DAILY LIF	<u> </u>
What are your PARTICIPANT's favorite ac	ctivities?		
Please list any of your PARTICIPANT's disl	likes or fears of w	hich we should	d be aware.
Does your PARTICIPANT require assistant place? ☐Yes ☐No	ce with tasks such	as eating, goir	ng to the bathroom, or moving from place to
If yes, will a caregiver be assisting your Pa	ARTICIPANT in the	e activities to a	ssist with these tasks? ☐Yes ☐No
If no , please describe the assistance need for your PARTICIPANT.	ded. Our staff will	work with you	to find a way for this assistance to be provided

PLEASE COMPLETE BOTH PAGES FOR EACH PARTICIPANT

Does your PARTICIPANT use any assistive devices? (e.g., wheelchair, braces, catheter, communication board) \square Yes \square No
Please describe the proper maintenance and handling of the device(s):
If your PARTICIPANT is bringing a power wheelchair, please be sure to bring the charger with you.
to the activities room.
<u>ACTIVITIES</u>
Does your PARTICIPANT have any restrictions to activities of which we should be aware?
BEHAVIOR
Does your PARTICIPANT have any behaviors of which the staff should be aware?
What motivators or triggers does your PARTICIANT have (e.g., toys, activities, foods or e.g., loud noises)
What is the best way to assist your PARTICIPANT if he/she gets overwhelmed or upset?
Additional comments