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Participant Information

Please help us to keep you up-to-date on EAF news while keeping mailing costs down by providing us with your most recent e-mail address.

E-Mail _____

Participant Information

Participant Name: _____

Date of Birth: _____

Participant's Address: _____

City, Province and Postal Code: _____

Parent/Guardian Information

Mother: _____

Father: _____

Street Address: _____
If different from above

Street Address: _____
If different from above

City/Province: _____

City/Province: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

*Please describe custody arrangements if applicable _____

Guardian Contact: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Details

Emergency Contact: _____

Home Phone: _____

Work Phone: _____

Relationship: _____

Cell Phone: _____



Medical Information

OHIP Number: _____

Doctor's Name: _____

Doctor's Phone: _____

Does your participant have a medical, behavioural, clinical, psychological, developmental, or physical diagnosis? **Please list and provide a copy of a written diagnosis & any supporting documents. i.e. IEP, report card**

Does your participant currently take any medication? No Yes *(Please submit a pharmacy list)*
A doctor's note is required for over the counter medication. Medication taken during programs must be sent in a blister pack. Please fill out med form

Is your participant allergic to: Insect stings Foods Antibiotics Medication Other
Please list and fill out allergy form: _____

Does your participant use any adaptive devices?: Wheelchair Walker Ankle or foot orthotics (AFO's) Eye glasses Hearing aid Other, Please describe:

Communication

Does your participant use verbal (expressive) language? No Yes

Is your participant able to **understand** verbal language? No Yes

If your participant is non-verbal, what is his/her primary means of communication?

Communication Board Sign Language Picture Symbols Body Language/Gestures
 Electronic communication device Other

If other, please describe: _____

Please use the following space to provide any information that would be helpful for us to communicate with your participant:



Personal Care Information

Does your participant indicate when he/she needs to use the washroom? No If Yes, how do they convey this information?:

Does your participant need assistance in the washroom? No Yes

If Yes, please indicate areas of assistance needed: Prompting to use the washroom Direction to the washroom Help with clothing (buttons, zippers etc.) Help with wiping Help with washing hands Wears undergarments for incontinence Help with feminine products

***Participants must supply their own personal care items**

Comments: _____

Eating Information

Participants are required to bring a healthy lunch and 2 snacks

***Nut free and non microwavable**

At snack and lunch time, does your participant: Need help opening containers etc. Need food divided into smaller bite size pieces Need encouragement or prompting to eat Additional monitoring for choking or swallowing concerns Need to be fed by a staff member Take food from others if it is within reach Put non-food items in his/her mouth No assistance is required

Other: _____

Is your participant fed by a g-tube? No Yes

If yes, does your participant take any food or liquids by mouth? No Yes, Please describe:

Does your participant have any dietary restrictions? No Yes, Please describe:

Please use the following space to provide any information that would be helpful concerning eating habits:

Behaviour

Are there any stressors and/or triggers for your participant?

How are emotions such as frustration or confusion shown? _____

Does your participant have any unusual fears?

Does your participant have strong likes or dislikes?

	Yes	No	If yes, frequency, duration, triggers, management and any other details
Harms self (scratches, pinches, bites)			
Harms others (scratches, pinches, bites)			
Throws things			
Runs away			
Uses inappropriate language			
Sexualized behavior (masturbate in public, stripping, touching others)			
Self soothing/self stimulation			
Other _____ _____			

Social Skills

Is your participant able to:

Share? No Yes Take turns? No Yes Lose a game gracefully? No Yes

Please describe your participants comfort & tolerance of group situations:

Do they stay with their group? No Yes Explain

Does your participant:

Have a general sense of danger? No Yes Ask for assistance when needed? No Yes

Describe participant's engagement with others (peers, staff, public).

Likes / Interests

Please list your participant's favourite activities: _____

School Information & Participation in other programs

Where does your participant attend school and what grade is he/she in?

Does your participant have an Education Assistant at school either 1:1 or shared? No Yes

Please specify _____

Do they attend full time? No Yes If not please explain

If yes, would you give us permission to contact the school to observe your participant in class?

No Yes Please fill out consent for school visit.

Does your participant participate in other programs? Respite, recreation, babysitting, pathways etc.

No Yes

Please list and fill out a consent

Change and Transitions

Does your participant react to changes in:

Routine or Schedule
 Activities (e.g. Cancellation)
 Location of Activity
 Staff members working with him/her

Does advanced warning of an upcoming change help your participant to deal with the change?

Yes No

What strategies would you recommend to help your participant adjust?

Sensory Reactions

Stimulus	Yes	No	Describe the Reaction and strategies used
Crowds			
Noise			
Not having enough personal space			
Being touched			
Bright light			
Other distracters _____			

Swimming Information

Is your participant able to swim/move in water independently? No Yes

Is your participant comfortable in the deep end? No Yes

Does your participant need a flotation device for safety? No

Yes Type of device and if assistance is needed _____

Please provide any information that would be helpful regarding swimming: _____

Other Information
