361 Montreal St. Kingston, Ontario K7K 3H4



phone: 613-544-8939 fax: 613-544-9569 maria@eafkingston.com web: www.eafkingston.com

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	×			
		Information		
Participant Name:		Date of Bir	th:	
Participant's Address:				
City, Province and Postal Cod	e:			
	Parent/Guard	ian Information		
Mother:		- Father: -		
Street Address: If different from above		Street Address: If different from above		
City/Province:		City/Province:		
Postal Code:	11.5	Postal Code:		
Home Phone:		Home Phone: _		
YAY I DI		Work Phone		
		Call Phone		
*Please describe custody arrangement	nts if applicable			
Guardian Contact:				
Home Phone:	Work Phone:	Cell	l Phone:	
	Emergen	cy Details		
Emergency Contact:	Н	ome 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 A Please list and fill out allergy form:						
Does your participant use any adaptive devices?: Wheelchair Walker Ankle or foot orthotics (AFO's) Eye glasses Other, Please describe:						
Communication						
Communication	1					
Does your participant use verbal (expressive) language?						
	☐ Yes					
Does your participant use verbal (expressive) language?	Yes Yes					
Does your participant use verbal (expressive) language? No Is your participant able to understand verbal language? No	Yes Yes Yes of communication?					
Does your participant use verbal (expressive) language? ☐ No Is your participant able to understand verbal language? ☐ No If your participant is non-verbal, what is his/her primary means ☐ Communication Board ☐ Sign Language ☐ Picture Sym	Yes Yes Yes of communication? bols Body Language/Gestures					
Does your participant use verbal (expressive) language? No Is your participant able to understand verbal language? No If your participant is non-verbal, what is his/her primary means and Communication Board Sign Language Picture Symple Electronic communication device Other	Yes Yes Yes of communication? bols Body Language/Gestures					
Does your participant use verbal (expressive) language? No Is your participant able to understand verbal language? No If your participant is non-verbal, what is his/her primary means Sign Language Picture Sym Electronic communication device Other If other, please describe: Other	Yes Yes Yes of communication? bols Body Language/Gestures					



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 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:

Extend A Family

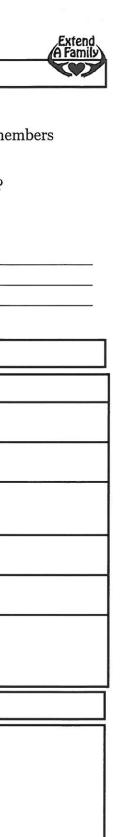
Rehaviour

201200 4 20 002					
Are there any stressors and/or trigg	ers for	your p	participant?		
How are emotions such as frustration	on or co	onfusio	on shown?		
Does your participant have any unu	sual fe	ears?			
Does your participant have strong l	ikes oı	dislik	es?		
	7				
	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? \square No \square Yes Take turns? \square No \square Yes Lose a game gracefully? \square No \square 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? \square No \square Yes Ask for assistance when needed? \square No \square 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?
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 Serve 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	(F) rallilly	
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 Yes No	of an u	pcomir	ng change help your participant to deal with the change?		
What strategies would ye	ou reco	mmen	d to help your participant adjust?		
				2	
			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	o swim,	/move	in water independently?		
Is your participant comfo	rtable	in the d	leep 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					
	177				