

OUCARES Fall 2018 Participant Information Form

This form is required for ALL NEW OUCARES participants & ALL Social Skills participants.

This is a 2-page form. Please complete the entire form.

Participant Name: _____ Date of Birth: _____

Medical Needs or Concerns:

Allergies:

Assistance

☐ Yes, participant will need one on one assistance.*

☐ No, participant will need minimal assistance.

☐ Unsure at this time, please evaluate need for assistance.*

* For those needing one on one assistance, a parent/relative may be needed to provide assistance.

Communication

☐ Verbal

☐ Minimal Vocabulary

☐ Non-verbal

☐ Sign Language

☐ I-PAD

☐ Other: _____

Mobility

☐ Ambulatory

☐ Uses Wheelchair

☐ Uses Walker

☐ Other: _____

PLEASE CIRCLE:

Response options: 2= usually 1= sometimes or partially 0= never

A. Comprehension			
1. Listens to and understands spoken instructions	2	1	0
2. Follows instructions in "if-then" form (i.e. if you want to play, then put away your books)	2	1	0
3. Listens to a story for at least 15 minutes.	2	1	0
4. Follows directions or instructions heard 5 minutes before.	2	1	0
5. Familiar with or uses picture schedules.	2	1	0
6. Benefits from having pictures available to understand directions.	2	1	0
B. Communication			
7. Uses sign language.	2	1	0
8. Uses Picture Exchange Communication System (PECS).	2	1	0
9. Uses iPad for communication purposes.	2	1	0
10. Says at least 100 recognizable words.	2	1	0
11. Uses gestures to communicate.	2	1	0
12. Pronounces words clearly.	2	1	0
13. Tells about experiences in detail (i.e. tells who was involved, where activity took place, etc.)	2	1	0
C. Self Care			
14. Is toilet-trained and will tell an adult when they need to use the restroom.	2	1	0
15. Cleans or wipes hands and face during or after meals.	2	1	0
16. Seeks medical help when needed (i.e. recognizes own feelings of pain, discomfort or illness)	2	1	0
17. Follows directions for special diet or medications.	2	1	0
18. Has eating difficulties (eats too fast or too slowly, overeats, refuses to eat).	2	1	0
F. Gross Motor			
19. Runs smoothly without falling.	2	1	0
20. Climbs on and off high objects (i.e. jungle gym, slide ladder).	2	1	0
21. Catches tennis or baseball-sized ball, moving to catch if necessary.	2	1	0

D. Relating To Others			
22. Makes or tries to make social contact.	2	1	0
23. Recognizes the likes and dislikes of others.	2	1	0
24. Keeps comfortable distance between self and others in social situations.	2	1	0
25. Conscious of avoiding rude or embarrassing comments in public.	2	1	0
26. Plays cooperatively with one or more children for more than 5 minutes.	2	1	0
27. Shows good sportsmanship, follows rules, is not overly aggressive, does not get mad when losing	2	1	0
28. Responds appropriately to reasonable changes in routine.	2	1	0
29. Chooses not to taunt, tease or bully.	2	1	0
30. Is overly dependent (clings to caregiver, teacher).	2	1	0
31. Avoids others and prefers to be alone.	2	1	0
E. Behavior			
32. Chooses to avoid/is fearful of dangerous or risky situations.	2	1	0
33. Controls anger when he or she does not get his or her way.	2	1	0
34. Gets anxious or nervous very easily	2	1	0
35. Is impulsive.	2	1	0
36. Wanders or runs away	2	1	0
37. Has temper tantrums in school/camp setting.	2	1	0
38. Is physically aggressive in school/ camp setting.	2	1	0
39. Is more active or restless than others of same age.	2	1	0
40. Swears	2	1	0
41. Very sensitive/uncomfortable with people touching him/her.	2	1	0
42. Displays behaviors that cause injury to self and or others.	2	1	0
43. Destroys others or own possessions on purpose.	2	1	0
44. Is fearful of ordinary sounds, objects or situations.	2	1	0
45. Has tics (i.e. involuntary blinking, twitching, head shaking, etc.)	2	1	0
46. Has pica behaviors (eats nonedible items/objects)	2	1	0
G. Fine Motor			
47. Holds a pen, pencil, marker, or paintbrush appropriately.	2	1	0
48. Cuts out simple shapes.	2	1	0
49. Ties shoes securely.	2	1	0
50. Zips or fastens clothes when changing or using the restroom	2	1	0

51. What type of educational program (if any) is your child currently enrolled, and what type of support does your child receive in the program: _____

52. Please list anything that motivates your child: _____

53. Please list anything else that you feel the instructors should know: _____

54. Please list any supports your child will need to be successful in our programs: _____

Participant Name: _____

Person completing form: _____ **Date:** _____

Parents/Caregivers must remain on the premises if your participants is under the age of 18 years, while the participant in your care is involved in a program. If your child is on an outdoor field, you must remain in view of the field. If your child is at an indoor program, you must remain in the building and within physical proximity so that we can contact you immediately if an emergency arises.