

# ONE FORM

## PERSONAL PROFILE FOR COMMUNITY PROGRAMS

Valid for the 2017 Calendar Year

**To be filled out if your child requires additional support while in a program.**  
**Please keep a copy for yourself.**

To reduce paper work required for registration this "ONE form" was created. Please confirm with the program you are registering that they will accept this form. Provide a copy to each program you are registering.

<b>APPLICANT INFORMATION</b>			
Last Name	First	Age	Today's date
Diagnosis/ Disability	Weight and height		Daytime telephone number
Does your child have an EA at school?	If yes, full- time or part-time?		

<b>COMMUNICATION SKILLS – CHECK ALL THAT APPLY (HIGHLIGHT BOX &amp; TYPE "X" TO CHOOSE OPTION)</b>	
<input type="checkbox"/>	Communicates verbally – fluently (English)
<input type="checkbox"/>	Communicates verbally- able to express needs and desires
<input type="checkbox"/>	Communicates using ASL_____ - Able to Lip Read
<input type="checkbox"/>	Communicates using picture systems (please detail below)
<input type="checkbox"/>	Other
Reading Level/Skill	

<b>SENSORY INFORMATION AND INTEREST</b>	
<i>What does your child like and not like...</i>	
To Do	
To Eat	
To See	
To Feel/Touch	

**MOTOR SKILLS AND PHYSICAL NEEDS**

*What types of activities may be difficult for your child to participate in? Please comment on your child's skill level*

<b>Fine Motor Skills</b> (writing, cutting, painting etc)	
<b>Gross Motor Skills/Balance</b>	
<b>Does your child require some or full assistance with toileting?</b>	
<b>Does your child require some or full assistance with eating/drinking?</b>	

**SOCIAL SKILLS ( HIGHLIGHT BOX & TYPE "X" TO CHOOSE OPTION)**

Enjoys being/playing with children of  same age  younger  older

**HOW DOES YOUR CHILD INTERACT WITH HIS/HER PEERS? IS THERE A NEED FOR ANY ASSISTANCE OR MOTIVATION WHEN SOCIALIZING WITH OTHER PEOPLE (I.E INITIALZING INTERACTION WITH OTHERS ETC)?**

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**MOTOR SKILLS AND PHYSICAL NEEDS**

*Describe what it may look like if your child should become upset. How do you manage such situations? What suggestions might you have for our staff during these situations*

What are some triggers	
Any habits	
Comforting in a stressful situation	
Motivators to help your child participate in activities if they are reluctant	
Any safety concerns for your child participating in activities	

**IF YOUR CHILD FINDS ANY OF THE FOLLOWING SITUATIONS TO BE CHALLENGING, PLEASE PROVIDE DETAILS ON HOW WE CAN ASSIST THEM TO SUCCEED**

Changing activities and or locations	
Staying with the group during activities	
Respecting personal space/property of others	
Focusing on a task/activity at hand	

**IF YOUR CHILD DEMONSTRATES ANY OF THE FOLLOWING BEHAVIOURS PLEASE EXPLAIN CONTRIBUTING CAUSES, PREVENTION, AND INTERVENTION STRATEGIES THAT YOU SUCCESSFULLY EMPLOY**

Fearfulness	
Shyness	
Easily Frustrated	
Difficulty in controlling anger	
Overly assertive/aggressive behaviour	
Use of inappropriate language	

**WHAT ARE THE GOALS FOR YOUR CHILD IN THIS PROGRAM?**

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**COMMENTS**

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