

MEDICATION

Does the participant receive any medication? Yes No

Medication

Dosage

Purpose

Side Effects

<u>Medication</u>	<u>Dosage</u>	<u>Purpose</u>	<u>Side Effects</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH ISSUES

Does the participant seizure? Yes No Comments: _____

Does the participant have asthma? Yes No _____

Does the participant have allergies? Yes No _____

DIETARY ISSUES

Does participant require assistance eating or drinking? Yes No Comments: _____

• have any food restrictions? Yes No Comments: _____

• have any food dislikes? Yes No Comments: _____

• have any specific food likes? Yes No Comments: _____

• is participant Diabetic? Yes No Comments: _____

BEHAVIOR ISSUES

Does participant display unusual fears? Yes No Comments: _____

• comply with verbal requests? Yes No Comments: _____

• respond to specific directions? Yes No Comments: _____

• have any known situations that cause behaviors? Yes No Comments: _____

What actions are to be taken if a particular behavior is presented? _____

• respond to any reinforcement devices? Yes No Comments: _____

• respond to any behavior improvement techniques? Yes No Comments: _____

SAFETY ISSUES

Does participant need assistance orientating to:
people _____ place _____ time _____

Does participant need assistance protecting:
self _____ anticipating safety needs _____

Does participant need assistance toileting:
independent _____ monitor _____
diapering _____ other: _____

GENERAL ISSUES

Does participant use:
wheelchair _____ stroller _____ walker _____
cane _____ canadian crutches _____

If participant is non-verbal do they use: sign language _____
communication board/book _____

Does participant swim/enjoy water? Yes No