



**PARTICIPANT INFORMATION**

**Appendix A**

PLEASE PRINT CLEARLY

609 - 25<sup>th</sup> Street East  
Saskatoon, SK S7K 0L7  
Phone: (306) 665 – 7013  
Fax (306) 665 – 7011  
Email: admin@autismservices.ca

**PARTICIPANT** Media consent given: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

(Last, First)

Date of Birth: \_\_\_\_\_

Diagnosis	Approximate Date of Diagnosis
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Does the participant know he / she has a form of autism spectrum disorder?  YES  NO

Siblings Name(s) & ages:

Participant's interests (What do they enjoy talking about or what topic makes them feel calm)

**Participant's Communication**

Fully Verbal  Partially Verbal  Picture Exchange  Sign Language  Other

Will you be providing our staff with communication material or device that accompanies child?

No  Yes, please describe \_\_\_\_\_

**Toileting Needs**

The participant is:  Completely toilet trained  Partially toilet trained  Not toilet trained

Please describe assistance required and procedure you normally follow:

**Dressing Assistance**

In some of our programs we may take the participant swimming. Can you please check the box that best describes the assistance the participant requires with dressing:

Full Assistance  Verbal Cuing and Assistance only with Buttons and Zippers  Verbal Cuing and Check for Clothes Adjustment

No Assistance Required

**Lunch Assistance**

Does your child need any special accommodations at lunch time (eg. Likes to eat alone, needs to be encouraged to eat, ect.)?

No  Yes, please describe \_\_\_\_\_

**Safety and Social Understanding**

Does your child require a PFD (personal floatation devise) while swimming:  Yes  No

Understands Water Safety:  Yes  No If no, please describe child's behaviors that may cause them harm:

Understands Playground Safety:  Yes  No If no, please describe child's behaviors that may cause them harm:

Understands Street Safety:  Yes  No If no, please describe child's behaviors that may cause them harm:

Understands How to Ride in Cars Safely:  Yes  No If no, please describe child's behaviors that may cause them harm:

Understands the difference between food and non-food items:  Yes  No If no, please describe child's behaviors that may cause them harm: \_\_\_\_\_

### Meltdowns

If your child **is starting to feel** fear, frustration, stress, or anxiety what behavior are they likely to display?: (give examples i.e. become silly or inappropriate, shuts down and becomes non-responsive \_\_\_\_\_

What interventions tend to work best to prevent stress from turning into a meltdown? (i.e.. Walk and don't talk, move to quiet place, verbal reassurance your okay, everything is going to be fine, etc) \_\_\_\_\_

If your child temporarily loses control and has a meltdown what behaviors are they likely to display? \_\_\_\_\_

### Ways For Autism Staff To Help The Participant Enjoy The Program(s) More

How can the staff help the participant deal with their physical or sensory problems that might occur during the program(s)? (examples: being sensitive to sound, needing hand-over hand assistance)

Does the participant expect certain things with a particular activity or place? Please tell us about it.  
(example: does he / she get a treat every time he / she goes swimming?)

Date	Parent/Guardian Name (Please Print)	Parent/Guardian Signature