

If this client has registered for a program this calendar year, you will not need to fill out this form. Forms are kept on file until December 31, 2019

Participant Information Form 2019

Please complete all questions. This form is to be submitted once annually and is kept on file until Dec 31, 2019.

General Information

Today's Date is: _____.

1. Parent(s) / guardian(s) name(s): _____.
2. Client name: _____ They are _____ years old.
3. Gender: Male Female.
4. Their Saskatchewan Health Card # is: _____ (9 digits)
5. Check one:
 This is my first time attending a Family Program. I have attended a Family Program before.
6. They were diagnosed with Autism (other diagnosis _____) at the age of _____.

They are not yet diagnosed with Autism but are currently on the wait list for a diagnosis.

List any other medical information: _____.

They are aware / unaware of this diagnosis.

Communication

7. They are fully verbal / partially verbal / non/verbal.
8. The way they communicate is through: (check all that apply)
 Words PECS Sign Language Devices
 Grunts Squeals Gestures Other: _____

Toileting

9. They are: Completely toilet trained / Partial toilet trained / Not toilet trained.
10. They will / will not tell us when they have to go to the bathroom.
11. If they are not fully toilet trained, what kind of assistance do they require from staff?

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Behaviours

12. What does it look like to staff if your child were to lose control and begin to have a meltdown?

When this happens what can staff do to help calm them down to regain control?

13. Can they become physically aggressive at times? Yes / No

If you answered yes, what can staff do to help decrease the aggression if it happens?

14. What are their attention seeking behaviours?

What can staff do to help decrease them if they happen?

Additional Information for staff working directly with your child

15. What do you want our staff to know about your child in order to help them have the best possible program experience they can with us?