

Participant Information Form 2021

*We only require you to complete this form once for the 2021 program calendar year.
Once we receive this form it will be kept on file until December 31, 2021.*

All questions on the form must be completely filled out. This is how our employees who are working with your child/adult get to know them. The more information you provide the better. With this, it allows us to provide the best possible support for your child/adult.

General Information:

1. Parent(s) / Guardian(s) Name(s): _____
2. Participant Name: _____ They are ____ years old.
3. Gender: _____
4. This is my first time attending a: Family Program AIP or MHWT Program
I have attended a: Family Program AIP or MHWT Program

Medical Information:

1. Their Saskatchewan Health Card # is: _____ (9 Digits)
2. They were diagnosed with Autism at the age of _____.
They are: Aware / Unaware of this diagnosis
They are not diagnosed with Autism, but are currently on the waitlist for a diagnosis
3. List any other diagnosis & medical information: _____

Communication:

1. They are: Fully verbal / Partially verbal / Nonverbal
2. The way they communicate is through: (check all that apply)
Words PECS Sign Language Devices
Grunts Squeals Gestures Other: _____

Toileting:

1. They are: Completely toilet trained / Partially toilet trained / Not toilet trained
2. They Will / Will not tell us when they have to go to the bathroom
3. If they are not fully toilet trained, what kind of assistance do they require from staff?

Behaviours:

- 1a. What does it look like if the participant were to lose control and begin to have a meltdown?

- 1b. When meltdowns happen, what can our staff do to help calm them down and regain control?

2. 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?

3. Do they have attention seeking behaviours? Yes No
If you answered yes, what can staff do to help decrease them if they happen?
Are there any behaviours that our workers should know not to encourage?

Sensory:

1. Are there considerations we need to make regarding any sensory needs/preferences?
(Some examples may include but are not limited to: lights, noises, smells & environment)

Additional Information:

1. What are some areas of interest of the participant?
2. What are some areas of strengths of the participant?
3. What do you want our staff to know about the participant in order to help them have the best program experience they can with us?