

BRIDGES Social Skills Program 2011

Assessment Form (One form per child)

Please fill out in full detail. This information will be used to ensure a positive and successful experience. It will not be used to prohibit participation.

Child's Name: _____

MEDICAL INFORMATION:

Diagnosis: _____ Age: _____

Height: _____ Weight: _____

Allergies: _____

Special Diet/Feeding Restrictions: _____

Medications (administered by parents only): _____

Other medical concerns: _____

BEHAVIOR INFORMATION: (Information will be used to place your child with the most appropriate staff)
Please check all that apply and be very specific.

- Aggressive behavior: Please explain: _____
- Behavior plan. Please attach.
- Sensory Diet/Plan: Please explain: _____
- History of Elopement: Please explain: _____
- Safety Concerns: Please explain: _____

SKILLS INFORMATION: I = Independent SA = Some Assistance TA = Total Assistance

(Circle one)

Explanation

Feeding: I SA TA _____

Toileting: I SA TA _____

COMMUNICATION INFORMATION: (Please check all that apply.)

Expressive (Talking):

- Verbal Verbal (limited) Non-verbal Sign Language
 PECS Augmentative Device _____
 Other/Explanation: _____

Receptive (Understanding):

Follows simple directions: Yes No Verbal Written Gestural

Uses visual schedule:

- Yes No Written Picture Object
 Other/Explanation: _____

SPECIAL INTERESTS/FAVORITE THINGS: (Please list.)

Sports: _____ Toys: _____

Games: _____ Music: _____

Books: _____ Others: _____

FEARS/DISLIKES: (Please list.)

GOALS:

Please tell us what your personal goals are for your child during the summer program: _____

I hereby declare that the above information is true.

Name of Parent/Guardian (Print): _____

Parent/Guardian's Signature: _____ Date: _____