

LAKELAND HILLS FAMILY YMCA
INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
PARTICIPANT PROFILE

<input type="checkbox"/>	I-SNAP
<input type="checkbox"/>	Fitness Program
<input type="checkbox"/>	Camp (SKOR)

PARTICIPANT INFORMATION

Name: _____ Registration Date: _____

Age: _____ DOB: _____ Gender: _____

Address: _____

Phone #: _____ Email: _____

DESCRIPTION OF DISABILITY (list all) and or health conditions (please be specific as possible):

Please indicate if participant have been diagnosed with the following: Autism Epilepsy

Cerebral Palsy Cognitive/Intellectual Disability Mental Illness

Traumatic Brain Injury Spina Bifida ADD ADHD

HEARING (Circle One)

Normal

Mild/Moderate Loss

Severe/Total Loss

Hearing Aid? Yes No

VISION (Circle One)

Normal

Mild/Moderate

Severely Affected

Glasses/Contacts? Yes No

SPEECH (Circle One)

Normal

Mild/Slightly Affected

Non-Verbal

ABILITY TO COMMUNICATE (Circle all that apply):

Normal

Communication Board

Uses only a few words

Other: (Please Specify) _____

Uses sign language

Gestures

MOBILITY (Circle One)

Walks Normally Walks with Assistance Wheelchair for Distances Able to climb Stairs? Yes No

Walking ability affected, but independent Wheelchair Exclusively: Manual Electric

Walks with assistance device (Please Specify) _____

Please send this form to Nancy Dunham at nancyd@lhymca.com or fax to 973-334-6977

BEHAVIOR

Does participant have any behavior difficulties? Yes _____ No _____ If yes, please explain in your own words details of the unfavorable/inappropriate behavior (i.e. kicks, punches, bites, etc.)

Does participant currently have a Behavior Plan? Yes _____ No _____

Name and phone # of Behaviorist _____

****DOCUMENTATION/BEHAVIOR PLAN FROM BEHAVIOR SPECIALIST IS REQUIRED****

CONSENT

I, _____, hereby give permission to the Lakeland Hills Family YMCA, to contact the above named Behavioral Specialist for assistance with behavior modification, if needed.

Parent/Legal Guardian Signature _____ Date _____

PERSONALTY: (Please circle any of the descriptions which apply to participant)

Shy A loner Withdrawn Follower Happy
Cooperative Nervous Leader Aggressive Independent

Caregiver Contact: Name/Relation: _____

Phone # _____ Email: _____

Emergency Contact: Name/Relation: _____

Phone # _____ Email: _____

Primary Physician Name: _____ **Phone #** _____