



221 Deerhurst Drive, Unit 10 Brampton, ON L6T 5L7 905-791-7444

**Individual's Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Health Card # \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to Client \_\_\_\_\_

**Which service are you looking for?**

- Day Program
- In Home Respite

**Personal Information:**

Please indicate the individual's diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

Expressive Communication:

- Verbal
- Sign Language
- Gestures
- Uses Pictures
- Uses Tablet/Ipad

Receptive Communication:

- Understands All Verbal Directives
- Understands Sign Language
- Understands Gestures
- Understands Pictures
- Understands Tablet/Ipad

Please **X** where appropriate:

- USES WHEELCHAIR \_\_\_\_\_
- VISUAL IMPAIRMENT \_\_\_\_\_
- HEARING IMPAIRMENT \_\_\_\_\_
- PHYSICAL DISABILITY \_\_\_\_\_
- OTHER \_\_\_\_\_

Toileting:

Please circle how independent they are with toileting:

Independent                      Hand over Hand assistance                      Verbal /Gestural Prompts

Please explain any type of assistance needed:

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Meal Time:

Please indicate where appropriate and provide any comments that might provide further assistance:

	Independent	Minimal Assistance (verbal reminders, gestures)	Hand over hand assistance
Using utensils			
Eating			
Cutting food			
Drinking			

Supervision:

Do they ever wander? (please circle) YES      NO

If yes under what circumstances

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Are there any times that they require more supervision?

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Behaviour:

Do they exhibit any aggressive behaviour (please circle) YES NO

Aggression is typically exhibited towards:

Self  Staff  Other Participants  Environment

If they were to become agitated, please indicate what they are likely to exhibit and provide details:

- Hitting: \_\_\_\_\_
- Biting: \_\_\_\_\_
- Kicking: \_\_\_\_\_
- Choking: \_\_\_\_\_
- Scratching: \_\_\_\_\_
- Pushing: \_\_\_\_\_
- Pinching: \_\_\_\_\_
- Verbal Aggression: \_\_\_\_\_
- Environmental Damage: \_\_\_\_\_

Please explain what might trigger a behaviour:

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How should staff respond to a behaviour:

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Please indicate their preferred activities:

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