

# Graceful Abilities Day Program

## Participant Application Form



Full Name of Applicant:		Preferred Name:	
Gender:	Birthday:	Phone Number:	
Address:		City/Postal Code:	
Applicant Health Card Number:		Applicant Lives With:	
Parent/Guardian Information		Check here if not applicable	
Name:	Home Phone:	Cell Phone:	
Address:		City/Postal Code:	
Emergency Contact Information (different from parent/guardian)			
Name:	Home Phone Number:	Cell Phone Number:	
List any allergies (please describe severity):			
List of any medical conditions and illnesses and their impact on the applicant:			
List any medications the applicant takes during program hours:			
Does the applicant require help taking medications during program hours?		Yes	No
If yes, please describe:			
Does the applicant require or use any assistive devices?		Yes	No
If yes, please describe:			
How many COVID-19 vaccinations has the applicant received?			
Does the applicant require assistance with toileting?		Yes	No
If yes, please explain:			
Does the applicant require assistance eating?		Yes	No
If yes, please explain:			

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Do you have any of the following safety concerns regarding the applicant?			
Tends to wander	Runs away from caregivers	Self-injurious behaviour	
Other:			
What strategies do you use to help the applicant when this happens?			
Does the applicant find any of the following to be challenging?			
Changing activities and/or locations	Often	Sometimes	Rarely
Focusing on the task or activity at hand	Often	Sometimes	Rarely
Staying with a group during activities	Often	Sometimes	Rarely
Interacting socially with peers	Often	Sometimes	Rarely
Being in a group of approximately 5-6 other participants	Often	Sometimes	Rarely
Respecting personal space and/or property of others	Often	Sometimes	Rarely
Following rules and/or instructions	Often	Sometimes	Rarely
Please describe any other relevant activities the applicant may struggle with:			
1)	Often	Sometimes	Rarely
2)	Often	Sometimes	Rarely
3)	Often	Sometimes	Rarely
Please describe the strategies you use to help the applicant when they are struggling:			
Does the applicant present any of the following behaviours when upset or agitated?			
Yelling	Hitting and /or striking others	Kicking others	Swearing
Biting others	Self-injurious behaviour	Throwing objects	Spitting
Other:			
How often do these behaviours occur?	Daily	Weekly	Occasionally
Please describe the triggers for these behaviours:			
Please describe the strategies that help to calm the applicant when they get upset or agitated:			
Please describe a recent incident with the applicant and how it was managed successfully:			

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What are some activities the applicant likes or enjoys?		
Are there any activities the applicant dislikes or fears?		
Does the applicant have any special interests?		
What do you believe are some of the applicants greatest strengths or abilities?		
Are there any areas that you are concerned the applicant may experience challenges with?		
Does the applicant have any goals for attending Graceful Abilities?	Yes	No
If yes, please state the goals:		
1)		
2)		
3)		
Do you have any other concerns or feel there anything else you feel we should know?		
What days and times are you and the applicant available to meet with Graceful Abilities staff?		