



## SCREENING FORM

Participant's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ yrs. old \_\_\_\_/\_\_\_\_/\_\_\_\_

**Diagnosis:** \_\_\_\_\_

### ALL ABOUT ME!

Please complete/assist your child with completing the following information so we get to know a little more about him/her!

Preferred nickname/what I want to be called: \_\_\_\_\_

My family/who I live at home with: \_\_\_\_\_

How to best communicate with me: \_\_\_\_\_

### Things I Like

Color: \_\_\_\_\_

Toy: \_\_\_\_\_

Comfort Item: \_\_\_\_\_

Food & Drink: \_\_\_\_\_

Movie: \_\_\_\_\_

TV Show: \_\_\_\_\_

Book: \_\_\_\_\_

Music/Song: \_\_\_\_\_

Other: \_\_\_\_\_

### Things I Do Not Like

Dislikes/Fears (people, places, things, etc.): \_\_\_\_\_

Anxiety-provoking activities (crowds, outdoors, small spaces, smells, noises, etc.): \_\_\_\_\_

Are there sensory experiences that may agitate your child (loud noises, temperatures, textures, crowds)?

### How to Help Me Better

What I do when I'm upset/afraid/uncomfortable/in pain: \_\_\_\_\_

What can be done to soothe me and what has worked before (people, strategies, etc.): \_\_\_\_\_

Other things I'd like my teachers and friends to know about me: \_\_\_\_\_

## SKILL ASSESSMENT

Place a check next to each statement that applies to the participant. Please use the comment section to identify additional skills and/or areas of difficulty.

**A. Dressing/Undressing** (ex. tying shoes, prompts needed, level of independence)? ☐ YES ☐ NO

Comments/Areas of difficulty: \_\_\_\_\_

**B. Eating/Drinking**

- ☐ Takes pureed/soft foods from a spoon
- ☐ Drinks from a cup with assistance
- ☐ Drinks from a cup independently
- ☐ Able to chew semi-solid food
- ☐ Finger feeds if food is pre-cut
- ☐ Able to use straw to drink
- ☐ Able to grasp; use spoon
- ☐ Able to unwrap, open containers
- ☐ Able to open drink containers

Comments/Areas of difficulty: \_\_\_\_\_

**C. Personal Care**

- ☐ Wears diaper
- ☐ Indicates need to use toilet (gives advance notice)
- ☐ Requires assistance with dressing/undressing (button, pull down/up, etc.)
- ☐ Uses toilet with physical assistance (needs help wiping, etc.)
- ☐ Uses toilet with verbal direction
- ☐ Uses toilet independently
- ☐ Washes hands with physical assistance
- ☐ Washes hands with verbal direction
- ☐ Washes hands independently

Comments/Areas of difficulty (\*Please include information on catheterization or menstruation below):

**D. Communication and Language**

- ☐ Unable to communicate needs/wants
- ☐ Communicates needs/wants with gestures or other non-verbal behavior
- ☐ Communicates needs/wants with basic sign language
- ☐ Communicates needs/wants with word symbol board or similar device
- ☐ Communicates needs/wants with one or two word statements
- ☐ Communicates through partial or complete spoken sentences
- ☐ Speaks but is difficult to understand
- ☐ Speaks clearly, can usually be understood by others
- ☐ Able to recall and relate information accurately

Describe any vision or hearing impairments: \_\_\_\_\_

Comments/Areas of difficulty: \_\_\_\_\_

**E. Receptive Language**

- ☐ Reacts or responds to various sounds
- ☐ Recognizes own name when called/spoken to
- ☐ Responds appropriately to simple one-step directions (within capabilities)
- ☐ Responds appropriately to two or three step directions (within capabilities)
- ☐ Responds appropriately to directions given collectively to a small group of participants
- ☐ Responds appropriately to directions given collectively to a larger group (6 or more)
- ☐ Asks questions if unsure or needing more information

Comments/Areas of difficulty: \_\_\_\_\_

**F. Mobility** (without assistive device)

Is the participant ambulatory (able to walk/run without assistance) ☐ YES ☐ NO

Is there any other information that would be helpful to program staff? \_\_\_\_\_

**G. Mobility** (with assistive device – wheelchair, walker, cane, crutch, etc.)

Please indicate assistive devices used for mobility:

- ☐ Braces   ☐ Cane   ☐ Crutches   ☐ Walker   ☐ Manual Wheelchair   ☐ Electric Wheelchair
- ☐ While lying on a mat, is able to roll over
- ☐ Able to crawl or scoot short distance
- ☐ Able to sit on floor/mat unsupported
- ☐ Wheels self in wheelchair short distances
- ☐ Wheels self in wheelchair longer distance (15 minutes or more)
- ☐ Able to transfer in/out of wheelchair with assistance
- ☐ Able to transfer in/out of wheelchair independently
- ☐ Able to negotiate minor barriers (doors, sloped surfaces, etc.)

Comments/Areas of difficulty: \_\_\_\_\_

**H. Motor Coordination**

- ☐ Follows movement of objects with eyes
- ☐ Able to reach toward objects
- ☐ Able to touch, grasp objects
- ☐ Able to release a grasped object when directed
- ☐ Able to transfer object from one hand to another
- ☐ Able to catch a ball rolled
- ☐ Able to catch a ball tossed from a short distance
- ☐ Able to kick a stationary ball
- ☐ Able to kick a rolling ball

Comments/Areas of difficulty: \_\_\_\_\_

**I. Social/Behavioral**

- ☐ Demonstrates awareness of others
- ☐ Responds to interaction of others
- ☐ Aware of personal space, maintains appropriate distance
- ☐ Will initiate interaction with others
- ☐ Will play/interact cooperatively with another participant
- ☐ Will play/interact cooperatively with a small group of participants
- ☐ Able to identify and take responsibility for personal belongings
- ☐ Is aware of safety concerns when out in the community (traffic, staying with group, etc.)
- ☐ Manages frustration, controls anger
- ☐ Able to adjust to changes in routine
- ☐ Is known to wander, bolt, or run away

Comment briefly on the participant's general behavior and moods (ex. happy, shy, etc.).

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Does the participant have any behaviors the staff needs to be aware of?

(Ex. wandering, running away, physically harming self/others, self-stimulation):

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Describe in detail a behavior outburst/incident:

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Please identify any behavior management techniques used at home or school which reduce or discourage negative behavior (Praise, material reinforcement, token system, contracts, time outs, etc.):

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**J. Activity Skills, Leisure Interests**

- ☐ Participation in activities requires much prompting/assistance
- ☐ Participation in activities requires some prompting/assistance
- ☐ Participation in activities requires little prompting/assistance
- ☐ Will participate in activity of interest:  
\_\_\_ 5 minutes \_\_\_ 10 minutes \_\_\_ 15 minutes or more
- ☐ Understands directions (left, right, over, under)
- ☐ Understands basic number concepts
- ☐ Understands concepts of time
- ☐ Identifies colors
- ☐ Able to work a simple puzzle
- ☐ Will indicate an activity preference
- ☐ Will sit and watch a video/program for 30 minutes or longer

What are the participant's three favorite indoor activities?

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What are the participant's three favorite outdoor activities?

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**K. Swimming**

- ☐ Non-swimmer, requires individual attention in water
- ☐ Puts face in water and manages breath (does not drink the water)
- ☐ Will submerge entire head under water
- ☐ Can float on back
- ☐ Swims short distance (shallow water)
- ☐ Able to swim in deep water
- ☐ Drinks the water

Comments/Areas of difficulty: \_\_\_\_\_  
\_\_\_\_\_

**L. Therapy Services** (please indicate if you/your child are receiving any of the below therapy services)

- |  |   |
|--|---|
| <input type="checkbox"/> Occupational therapy                      | <input type="checkbox"/> Physical Therapy                           |
| <input type="checkbox"/> Psychological/neuropsychological services | <input type="checkbox"/> Applied Behavioral Analysis (ABA) services |
| <input type="checkbox"/> Individualized Education Plan             | <input type="checkbox"/> Speech Therapy                             |
| ___ Contained Classroom    ___ Inclusive Classroom                 |   |
| <input type="checkbox"/> Aide in classroom? _____                  |   |

Which specific skills are being developed if receiving services (i.e. walking, head control, etc.)?

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

What therapeutic equipment does the participant use during activities (i.e. card holder, arm support, mouth stick, etc.)?

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

**M. Goals for participating**

Please identify the purpose and goals for the participant's engagement in Children's Specialized Hospital's Recreation Programs: \_\_\_\_\_

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

**N. Any other comments/concerns**

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

## WAIVER OF LIABILITY

By registering for this program, the parent/legal guardian of the child being registered states, understands, represents and warrants the following:

1. I am at least 18 years of age and entering into this waiver of liability on behalf of myself, my child, my personal representatives, heirs and assigns as a precondition to my/my child's participation in the program (the "Program") sponsored by Children's Specialized Hospital ("CSH"). I acknowledge and understand that my child's participation in the Program may involve inherent risks including infection, injury, property damage or death. I fully understand and accept the risks and dangers associated with the Program.
2. I hereby waive any and all claims that I may have against CSH, its employees, agents, officers, directors, and parent and subsidiary entities, and release them from all liability due to infection, injury, death, property damage, or any other loss sustained by my child, as a result of participation in the Program, due to any cause whatsoever including, without limitation, negligence on the part of CSH. I appreciate that this waiver of liability applies whether CSH is at fault or not and it limits the liability of CSH's employees, agents, officers, directors, and parent and subsidiary entities to the same extent as it limits the liability of CSH.
3. I have read, understand, and fully agree to the terms of this waiver of liability. I understand and confirm that by registering my child, my child and I are entering into a waiver liability and have given up future legal rights. I am agreeing to these terms freely, voluntarily, under no duress or threat of duress. I have had the opportunity to ask any questions I may have had regarding this waiver of liability and those questions, if any, have been answered to my satisfaction.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_