

For staff

Participant's Name: _____

Child's Diagnosis _____ Shirt size:(please indicate) Adult or Youth Small Medium Large XL

Describe how your child communicates:

If your child has an adaptive communicative device, what is it, how do they use it, and will it be sent to Summer Fun?

Behaviours

1. Does your child ever require more than 1:1 care for behaviours? Y N

If so, how often and under what circumstances?

2. Does your child have a safety plan at school? Y N If yes, please include a copy

3. Does your child work with a Behavioural Therapist? Y N

4. Does your child have any history of aggression? Y N

If so, please elaborate:

5. Has your child ever required more than 1:1 support? Y N

If yes, describe circumstances where this happens.

6. List strategies used to mitigate behaviours:

7. Does your child run away? Y N

If yes, under what circumstances?

For staff

8. Reaction to Strangers / Crowds / Loud Environments:

9. Fears:

10. Describe any unusual Routines your child has:

Life Skills and Personality Traits

Traffic Awareness Y N

Water Safety (i.e. swimming) Swims independently needs life jacket/floaties cannot swim

Does your child have a support dog? Y N

Is your child afraid of dogs? Y N

Toileting. Independent needs some assistance needs complete support

Please explain what your child's bathroom routine might involve (ex. Prompting, daily schedule, etc.):

Describe what toileting looks like for your child. An example of independent toileting would be a child who can go into a washroom stall on their own, wipe independently, pull up and down their pants without help, and can clean themselves appropriately after a bowel movement without assistance from anyone else. Please be as specific as possible so we can help your child in the most supportive way, especially in public.

Dressing Independent needs some assistance needs complete support

Eating Independent needs some assistance needs complete support

Does your child need helpful Prompts / Strategies/Favorites (ex. First and then, Use assertive tone, etc) for life skills, please describe:

How will your child arrive to program and leave program? _____

For staff

Describe your child's personality.

List one preferred activity and one activity your child does not like:

1. Preferred/Favourite _____
2. Non Preferred/Dislike _____

Is there anything else you'd like to tell us about your child?

Which **one** main life skills goal do you want your child to work on this summer? (If you would like more information on life skills goals please refer to our website <https://deltalifeskills.net/about-us/goals/>)

Money Skills

Meal Preparation and Clean up/Domestic type skills

Using public transit

Social Skills – interpersonal skills and friendship

Describe what you want this to look like for your child:

For example, if you selected money; indicate whether your child can count money, do they pay for items at stores regularly, are they only able to recognize the value of coins/bills? For transit; describe if your child can read timetables/schedules, if your child is independent in using their compass card or plan trips. For cooking; can your child use the oven, cut/spread with a knife, measure and mix? Does your child need supervision in the kitchen? For domestic skills; Can your child fold clothes? Can they set the table? Can they wash dishes?

What **two** secondary life skills goals do you wish your child to work on?

Street safety/stranger danger

Turn Taking

Personal hygiene

Behaviour management/communication

Time Management

Describe how this would look for your child.

For staff

Consent and Acknowledgments

I/We hereby give Delta Life Skills Society my/our full consent and permission to allow my/our child to participate in any and all supervised field trips or outings of any nature or kind during the period that my/our child is under the care of Delta Life Skills Society.

As members of Delta Life Skill Society, I/we agree to support and participate in the minimum fundraising efforts initiated by the Board of Directors, otherwise, I/we agree that additional fees will apply.

I/We believe that I/we have given as accurate a profile of my child as possible and have disclosed **all** pertinent information that could affect my/our child's experience at Summer Fun. If I/we have failed to disclose any information that could affect the staff, other children, or my/our child, it is understood that this lack of information could result in my/our child being suspended from the program at the sole discretion of Delta Life Skills Society.

Date _____

Signature _____

Name _____

By signing this form, I am in agreement with the previously stated terms and conditions contained within this application and agreement (which includes by reference, all of those terms and conditions set forth in the attached schedule).

Please ensure you have reviewed the [Schedule "A" form](#). Initials _____

Please ensure you have reviewed the Parent Handbook. Initials _____