Participant’s Name: _________________________ Date: _________________
Form Completed By:________________________   Relationship to Participant: __________

Daily Living skills

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

Is the applicant able to eat/drink independently?

1  2  3  4  5

explain assistance necessary: _______________________________________

____________________________________________________________________

Is the applicant able to toilet him/her self independently?

1  2  3  4  5

explain assistance necessary: _______________________________________

____________________________________________________________________

Is the applicant able to dress/undress him or herself independently?

1  2  3  4  5

explain assistance necessary: _______________________________________

____________________________________________________________________

Is the applicant able to ride in car/van safely?

1  2  3  4  5

explain unsafe behaviors: _______________________________________

____________________________________________________________________
Physical Development

Does the applicant have a hearing or vision impairment?  
YES or NO
If yes, please explain: __________________________________________________

Can the applicant maintain balance on their own?  
YES or NO
If no, explain necessary assistance: _______________________________________

Can the applicant walk by him or herself?  
YES or NO
If no, explain necessary assistance: _______________________________________

Can the applicant run without often falling?  
YES or NO

Does the applicant have effective use of all limbs?  
YES or NO
If no, please explain: ___________________________________________________

Please explain applicant’s hand control (i.e. catching, picking up, throwing, lifting)?
_____________________________________________________________________

Communication

What is the applicant’s preferred method of communication?  ___________________________

How does the child express
happiness?  ___________________________
anger?  ___________________________
pain?  ___________________________
hunger?  ___________________________
fear?  ___________________________

Does the applicant respond when spoken to?  
YES or NO

How often does the youth use any of the following forms of communication:

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

Signing  1   2   3   4   5
PECS    1   2   3   4   5
Gesturing  1   2   3   4   5
Self-Direction

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

How easily does the applicant engage in activities?

1  2  3  4  5

How much encouragement does the applicant need to complete a task?

1  2  3  4  5

How long can the applicant maintain his or her attention? ____________________________

Please list activities that may be reinforcing for the applicant:  _________________________
___________________________________________________________________________
___________________________________________________________________________

Social Skills

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

Is the applicant considerate of others (i.e. consider other’s feelings; shows interest in others; takes care of others’ belongings)?

1  2  3  4  5

Does the applicant participate in games or group activities?

1  2  3  4  5

Does the applicant participate in community integration activities?

1  2  3  4  5
explain usual behavior: ____________________________________________
____________________________________________________________________

Maladaptive Behavior

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

Has the applicant ever displayed any aggressive behaviors?

1  2  3  4  5

Describe behaviors. _______________________________________________
____________________________________________________________________
____________________________________________________________________

Identifiable triggers?

____________________________________________________________________

Particular targets?

____________________________________________________________________

Does the applicant have temper tantrums or a violent temper?

1  2  3  4  5

Please explain: __________________________________________________
____________________________________________________________________

Does the applicant use threatening or offensive language?

1  2  3  4  5

How does the applicant react to frustration? ______________________________
____________________________________________________________________

Does the applicant demonstrate self-injurious behaviors?

1  2  3  4  5
Describe the behaviors. ________________________________________________________
__________________________________________________________________________

Does to client display any self-stimulating behaviors?
1  2  3  4  5

Describe behaviors: ________________________________________________________
__________________________________________________________________________

Does the applicant wonder or run away?
1  2  3  4  5

Describe incident(s). ________________________________________________________
__________________________________________________________________________

Describe applicant’s attitude toward authority. __________________________________
__________________________________________________________________________

How does the applicant respond to limitations, requests, or rules? __________________
__________________________________________________________________________

Does the applicant display any trouble transitioning to a different activity?
1  2  3  4  5

Please explain behavior. ______________________________________________________
__________________________________________________________________________

Does the applicant display any repetitive behaviors (i.e. rocking, etc)?
1  2  3  4  5

Please describe. ____________________________________________________________
__________________________________________________________________________
Please include any other behavioral information you think The League should know before working with the applicant.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Indicate if this is a 6 month monitoring: Yes___ No____. If so, please complete the following:

Goal (1):

Goals Reviewed: FT □ IISS □ TI □

Status: Continue □ Discontinue □

Rationale: ____________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Goal (2):

Goals Reviewed: FT □ IISS □ TI □

Status: Continue □ Discontinue □

Rationale: ____________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Goal (3):

Goals Reviewed: FT □ IISS □ TI □

Status: Continue □ Discontinue □

Rationale: ____________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Reviewer Name__________________________________Title:________________________
Date of Review:__________________________________