



Today's Date:

Name: _____ **Date of Birth:** _____ **T-Shirt Size** _____
Age: _____ Will your teen/YA use Michelle P Waiver Respite units? ___ Y ___ N
Sex: Male: ___ **Female:** ___

Parents'/Guardians' Name _____
Address _____
City _____ **State** _____ **Zip** _____
Parent/Guardian Phone Numbers Home (____) _____ **Work** (____) _____ **Cell** (____) _____
Email Address _____
Parent/Guardian Phone Numbers Home (____) _____ **Work** (____) _____ **Cell** (____) _____
Email Address _____

If your Teen/YA currently attends a school, day program, workshop, or other program, please explain:
Name of School/Program _____

For Teen/YAs 18 years of age and older: Has the Teen/YA been adjudicated incompetent in court with an appointed legal guardian? Yes _____ **No** _____

If yes, who is the Teen/YA's legal guardian? _____

How did you hear about Dreams With Wings?

- ___ Internet Search
- ___ Word of Mouth
- ___ Referral from Case Manager
- ___ Referral from another organization (e.g. FEAT of Louisville, Council on Developmental Disabilities, etc.)
- ___ Social Media (Instagram/Facebook)
- ___ Other (please describe):

Medical Information

Teen/YA's Primary Diagnosis: _____

Additional Conditions – Please check all that apply to the Teen/YA:

- | | |
|-------------------------------|---|
| _____ Intellectual Disability | _____ Seizure Disorder |
| _____ Visual Impairment | _____ currently managed with medication |
| _____ Hearing Impairment | _____ past history with no current seizures |
| _____ Cerebral Palsy | _____ Other: _____ |
| _____ Diabetes | _____ Other: _____ |
| _____ Mental Health Diagnosis | |

Please describe in more detail any conditions you have indicated along with any ambulation equipment or needs:

Allergies: (medications, food, etc.)

Severity of allergies _____

Does the Teen/YA carry an epi-pen? _____

Supervision Needs

Given your Teen/YA's skills and behaviors, what level of supervision does s/he require most of the day? In answering this question, please keep in mind how your Teen/YA responds to new situations, new people, transitioning from one activity to another, and other qualities of the group setting. Please check only one:

- _____ can function totally independently in all or almost all settings with only occasional supervision.
- _____ can function independently for short periods of time and can be supervised in a group with 1 staff and several other Teen/YA the rest of the time.
- _____ generally can function in a group with a supervisor and 2-3 other Teen/YA. Teen/YA needs one-to-one supervision only during specific activities.
- _____ generally needs one-to-one supervision, but can function in group situations for some activities.
- _____ needs one-to-one supervision throughout the day.
- _____ needs more than one staff with him/her all day or when agitated or upset.

In the following sections, please check all statements that describe your Teen/YA. Please answer thoroughly, giving examples. Use additional paper if necessary.

COMMUNICATION

1. How does your Teen/YA get her/his message across?

_____ Uses complete sentences _____

- Uses 2-3 word phrases _____
- Uses single words _____
- Uses vocalizations, sounds, etc. _____
- Uses sign language _____
- Uses gestures, points, etc. _____
- Uses objects to communicate _____
- takes you to things s/he wants _____
- Cries or whines _____
- Uses pictures _____
- Uses word cards _____
- Teen/YA can write to communicate _____
- Uses special system such as a communication board. If so, please send with your Teen/YA. _____
- Adaptive Speech Device such as an iPad or alternative technology. If so, please send with your Teen/YA. _____

2. How does your Teen/YA understand what is said to her/him?

- You use complete sentences _____
- You use 2-3 word phrases _____
- You use single words _____
- You use gestures or point _____
- You use pictures _____
- You use sign language _____
- You use objects _____
- Teen/YA reads: complete sentences 2-3 word phrases single words

Additional Information

3. Which types of schedules work best with your Teen/YA?

- | | |
|--|--|
| <p>A. <input type="checkbox"/> Verbal Schedule</p> <p><input type="checkbox"/> Written Schedule</p> <p><input type="checkbox"/> Photo/Graphic Schedule</p> <p><input type="checkbox"/> Does Not Require a Schedule</p> | <p>B. <input type="checkbox"/> Full Day</p> <p><input type="checkbox"/> ½ Day</p> <p><input type="checkbox"/> 2-3 Events at a Time</p> <p><input type="checkbox"/> 1 Event at a Time</p> |
|--|--|

Additional Information:

4. Please indicate and explain whether the Teen/YA can express the following concepts and if so, how:

- Yes No Can your Teen/YA ask for help? _____
- Yes No Does your Teen/YA communicate an illness or pain? _____
- Yes No Does your Teen/YA communicate a dislike? _____

SELF-HELP SKILLS

1. Mealtimes

- _____ Can use all utensils
- _____ Can NOT use: _____ fork, _____ spoon, _____ knife
- _____ Drinks from a cup unassisted
- _____ Chews and swallows with no problems
- _____ Has good table manners
- _____ Has inappropriate table manners (throws food, grabs food...please describe in additional info)
- _____ Has a poor appetite
- _____ Has an excessive appetite
- _____ Would eat better in a separate, smaller dining area away from the large group

What are your Teen/YA favorite foods and drinks?

What foods will your Teen/YA not eat or what foods would you prefer your Teen/YA not eat?

What allergies to foods and drinks does your Teen/YA have?

What other special dietary needs does your Teen/YA have (GFCF diet, no sugar, no pork, only 1 serving, etc.)?

We sometimes plan outings to take the Teen/YA out to eat. What kind of assistance would your Teen/YA need while ordering? Please also list your Teen/YA's favorite restaurants and any restaurants that you would prefer your Teen/YA not attend (we cannot guarantee restaurant preference):

Additional Information:

2. Toileting

- _____ Completely toilet-trained, uses toilet independently
- _____ Partially toilet-trained, needs to be reminded to go
- _____ Needs some assistance using the toilet
- _____ Will use too much toilet paper or clog toilet
- _____ Needs complete assistance/total supervision in the restroom
- _____ Is not toilet-trained at all (wears diaper/training pants)
- _____ Needs assistance with feminine hygiene

How often does your Teen/YA need to be taken to the restroom?

How does your Teen/YA let you know that s/he needs to go to the restroom?

Additional Information:

3. Dressing and Undressing (while changing clothes before/after swimming activities)

- _____ Can dress independently
- _____ Can put on/take off bathing suit
- _____ Needs help putting on: _____ shirt, _____ shorts, _____ socks, _____ undergarments
- _____ Can fasten: _____ buttons, _____ snaps, _____ zippers
- _____ Can: _____ put on shoes, _____ tie shoelaces
- _____ Can undress completely
- _____ Can undress partially
- _____ Needs a lot of assistance undressing/dressing

Please describe what assistance your Teen/YA needs in dressing and/or undressing:

BEHAVIORAL INFORMATION

Please indicate how often, if ever, your Teen/YA does the following behaviors and the consequences. We must have accurate information about your Teen/YA behaviors and how to respond to them.

Behavior	Never	Seldom	Often	What you do when this occurs
Scratches, pinches, bites, or hits self				
Bangs own head				
Scratches, pinches, bites, or hits others				
Grabs other people				
Touches others inappropriately				
Throws things				
Gets into personal belongings				
Runs/wanders away				
Climbs on furniture				
Uses inappropriate language				
Spits on others				
Dumps liquids				
Strips own clothing				
Exposes self in public				
Masturbates inappropriately				
Is not trustworthy				

Please describe in more detail these behaviors or any other behaviors that you do not want your Teen/YA to do and explain how you want the Dreams staff to deal with them (if applicable):

Behavior

Consequences/Triggers

Example: Teen/YA throws objects

Must pick up object and return to proper place

Behavior Plans:

Does your Teen/YA have a behavior plan in place? _____ If so, we request a copy during the application process as to best support your teen/young adult. **Please attach your Teen/YA’s most current behavior plan.**

List any obsessive-compulsive behaviors:

Has the individual had any involvement with law enforcement? If so, please explain.

EMOTIONAL RESPONSES

- _____ Prefers to be by herself/himself
- _____ Does not like to be touched
- _____ Cries for no apparent reasons
- _____ Bothered by excessive noise
- _____ Clings to other people
- _____ Gets upset if the routine changes
- _____ Laughs for no apparent reason

Please list things that scare or upset your Teen/YA:

Please describe what helps to calm your Teen/YA when s/he is sad, hurt, afraid, or otherwise upset:

SENSORY RESPONSES

Please indicate your Teen/YA’s reaction to the following sensory input if the response is unusual:

	Over reacts	Under reacts	Comments
Visual stimulation			
Lights			
Sunlight			
Heat			
Touch			
Thunderstorms			
Pain			
Animals			
Sounds			
Voices			

Please note other sensitivities or provide additional information:

REINFORCEMENT

Reinforcers:

- Edibles (food or drink)
- Music
- Tokens
- Particular object
- Preferred activity

Please describe manner of reinforcement:

- fixed time interval (i.e., every 15 min)
- Completion of task or activity
- End of day
- End of time period
- Other:

Do you use a reward system as part of your Teen/YA's behavior plan? If so, please describe so we can use during sessions as needed:

Please note other sensitivities or provide additional information:

ACTIVITY LEVELS

- Has typical attention span and level of activity for his/her age
- Has a very short attention span
- Less active/needs motivation to participate
- Overactive
- Easily distracted by sights, sounds, people, etc.

Please describe how you manage your Teen/YA's activity level; motivate her/him to participate, etc.

Please list any undesirable activities for your Teen/YA (please be specific):

INDOOR ACTIVITIES

Please check all indoor games/activities below that your Teen/YA particularly enjoys.

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> books | <input type="checkbox"/> listening to music | <input type="checkbox"/> painting | <input type="checkbox"/> video games |
| <input type="checkbox"/> computer | <input type="checkbox"/> magazines | <input type="checkbox"/> playing musical instruments | <input type="checkbox"/> watching videos |
| <input type="checkbox"/> crosswords | <input type="checkbox"/> making crafts | <input type="checkbox"/> puzzles | <input type="checkbox"/> word searches |
| <input type="checkbox"/> drawing | | | <input type="checkbox"/> writing letters |
- board games (any favorites?) _____
- card games (any favorites?) _____
- other: _____

Teen/YA will do fine working at a table or in a group with several others.

Teen/YA needs to have her/his own personal work area separate from others to be successful.

OUTDOOR ACTIVITIES

Please check (Y) all activities that are appropriate for your Teen/YA's abilities and interests and any activities that you would particularly like your Teen/YA to try.

Ball Activities

- volley ball
- ball toss
- basketball
- bowling
- kicking a ball / soccer

Water Activities

- slip & slide
- swimming – free play
- water balloon toss
- water relays

Sensory

- bubbles
- sensory activities (lights, sounds, textures, smells)
- balance activities (on a beam or Occupational Therapy balls)

Exercising

- exercise stations (sit-ups, push-ups, etc.)
- hikes in woods
- jumping rope
- riding bike
- stretching
- trampoline
- walking

Group Activities

- badminton
- Duck-Duck Goose
- kickball
- Musical Chairs
- parachute games
- relay races
- singing
- soccer/kicking into goals
- T-ball
- volleyball

Individual Activities in Group Setting

- aerobics
- animals (petting, walking, holding, etc.)
- dancing
- building things
- yoga

Individual Activities

- bean bag toss / corn hole
- swinging
- fishing
- frisbee
- horseshoes/ring toss
- hopscotch
- playground
- putt-putt
- stacking cones

Please list any additional activities your Teen/YA enjoys doing outside or recreationally:

FIELD TRIPS

Please check (Y) all activities that your Teen/YA would enjoy. Please mark (N) all activities that your Teen/YA does not enjoy. We cannot guarantee that these activities will be included in the schedule.

- | | |
|--|--|
| <input type="checkbox"/> Louisville Zoo | <input type="checkbox"/> Joe Huber's Farm |
| <input type="checkbox"/> Louisville Science Center | <input type="checkbox"/> Pump it Up / Puzzles Fun Dome |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> All About Kids |
| <input type="checkbox"/> Belle of Louisville | <input type="checkbox"/> Louisville Bat Museum |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Planetarium |
| <input type="checkbox"/> Movie Theater | <input type="checkbox"/> Speed Art Museum / Art Sparks |

Swimming

- I am unsure of how the Teen/YA does in the pool
- Swims well
- Cannot swim, must remain in the shallow end of the pool
- Fears water/will not get in the water willingly
- Drinks pool water
- Has bowel movements in the pool
- Needs to wear a lifejacket in the pool at all times (please provide us with a lifejacket)
- Must wear earplugs while in the pool (please provide us with earplugs)

Does your Teen/YA enjoy water slides? _____

COVID PROTOCOLS

We will follow current and up-to-date protocols when during our programming sessions. At a minimum, please describe how well your Teen/YA understands and follows standard COVID health and safety activities:

Mask Wearing:

Handwashing / Hygiene:

- Teen/YA is comfortable wearing a mask on he his own
- Teen/YA washes hands/sanitizes on her/his own
- Teen/YA needs help remembering to keep a mask on
- Teen/YA needs help remembering to wash hands /sanitize
- Teen/YA refuses to wear mask
- Teen/YA struggles with washing hands/sanitizing

MISCELLANEOUS

Does your Teen/YA have any occupational or physical therapy goals that would be helpful to share with us?

What are your Teen/YA's strengths?

What would you like your Teen/YA to get out of her/his experience at Dreams With Wings?

What else should we know about your Teen/YA to make her/his experience a great one? Please use as much additional paper as you need. The more we know about your Teen/YA's likes, dislikes, skills and needs, the better we can serve them.

Applications can be returned via email to: Hsauer@dreamswithwings.org

Applications can be mailed to:

**Dreams With Wings, Inc. Attn: Heather Sauer
1579 Bardstown Road, Louisville, KY 40205**

Please contact Dreams with Wings with any questions or concerns (email is preferred):
E-Mail: Hsauer@dreamswithwings.org | Office Phone: 502.459.4647