

Teen & Young Adult Programming Application



Name: _____ Date of Birth: _____
Age: _____ Sex: Male: _____ Female: _____

Parents'/Guardians' Name _____
Address _____
City _____ State _____ Zip _____
Mother's Home (____) _____ Work (____) _____ Cell (____) _____
Mother's Email Address _____
Father's Home (____) _____ Work (____) _____ Cell (____) _____
Father's 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? _____

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: _____ |
| | _____ Other: _____ |

Please describe in more detail any conditions you have indicated _____

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 he/she 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 his/her 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 he/she wants _____
- cries or whines _____
- uses pictures _____
- uses word cards _____
- uses special system such as a communication board _____
- Teen/YA can write to communicate _____

Additional Information _____

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

- 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?

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

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 he/she 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

Example: Teen/YA throws objects

Consequences/Triggers

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 child/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 self

_____ Clings to other people

_____ Does not like to be touched

_____ Gets upset if the routine changes

_____ Cries for no apparent reasons

_____ Laughs for no apparent reason

_____ Bothered by excessive noise

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

Please describe what helps to calm your Teen/YA when he/she 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

Schedule of Reinforcement:

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

Please describe manner of reinforcement: _____

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 him/her 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.

- | | | | |
|----------------|------------------------|---------------------------------|---------------------|
| ___ books | ___ listening to music | ___ painting | ___ video games |
| ___ computer | ___ magazines | ___ playing musical instruments | ___ watching videos |
| ___ crosswords | ___ making crafts | ___ puzzles | ___ word searches |
| ___ drawing | | | ___ 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 his/her own personal work area separate from others to be successful.

OUTDOOR ACTIVITIES

Please check (✓) all activities that are appropriate for your Teen/YA's abilities and interests. Please mark (✱) 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 (✓) all activities that your Teen/YA would enjoy. Please mark (✱) all activities that your Teen/YA does not enjoy. We cannot guarantee that these activities will be included in the schedule.

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

