

# 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Seizure Disorder                      |
| <input type="checkbox"/> Visual Impairment       | <input type="checkbox"/> currently managed with medication     |
| <input type="checkbox"/> Hearing Impairment      | <input type="checkbox"/> past history with no current seizures |
| <input type="checkbox"/> Cerebral Palsy          | <input type="checkbox"/> Other: _____                          |
|  | <input type="checkbox"/> 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: \_\_\_\_\_

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**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.

<b>Behavior</b>	<b>Never</b>	<b>Seldom</b>	<b>Often</b>	<b>What you do when this occurs</b>
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

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**Consequences/Triggers**

Must pick up object and return to proper place

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**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:

	<b>Over reacts</b>	<b>Under reacts</b>	<b>Comments</b>
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 |



## 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**

What are your Teen/YA's strengths?

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

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What else should we know about your Teen/YA to make his/her 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. \_\_\_\_\_

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**Applications can be returned via email to: [Hsauer@dreamswithwings.org](mailto: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](mailto:Hsauer@dreamswithwings.org) | Office Phone: 502.459.4647