

Fun and Fitness with Friends Program  
Assessment Form 2018

This form is to be completed by the parent or guardian of the child registering for Fun and Fitness with Friends.

Disability diagnosis                       School IEP                       Psychological

Participant's Disability/Special Need: \_\_\_\_\_

Disability Organization (if applicable): \_\_\_\_\_

Primary caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child's Information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Male             Female            Age: \_\_\_\_\_            Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**Parent Guardian Information:**

Parent / Guardian #1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (Primary): \_\_\_\_\_ Phone Number (Alternative): \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent / Guardian #2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (Primary): \_\_\_\_\_ Phone Number (Alternative): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency (other than parent/guardian):**

Contact 1<sup>st</sup> :

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact 2<sup>nd</sup>:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Return Completed form to:  
**APJCC Camp & Youth Department**  
Scan and email to Valinda Lopez at [valinda@apjcc.org](mailto:valinda@apjcc.org)  
Addison-Penzak JCC, 14855 Oka Road, Suite 201, Los Gatos, CA 95032  
Phone Number: 408.357.7416 Fax Number: 408.358.7311

**Disability Specific Information:**

**Mobility:** Ambulatory \_\_\_\_ Wheelchair: (Power) \_\_\_\_ (Manual) \_\_\_\_ Walking aid \_\_\_\_ Prosthesis \_\_\_\_

Please describe any safety guidelines for use:

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**Communication:** Verbal \_\_\_\_ Non-Verbal \_\_\_\_ ASL \_\_\_\_

If participant is non-verbal please describe method of communication used:

Augmentative Communication Device \_\_\_\_ Icons \_\_\_\_ Real Life Pictures \_\_\_\_

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**Personal Care:**

**Dressing:** Independent \_\_\_\_ Dependent \_\_\_\_

If dependent, please describe type of support required:

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**Feeding:** Independent \_\_\_\_ Dependent \_\_\_\_

If dependent, please describe type of support required:

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**Food Preferences:** \_\_\_\_\_

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**Food Dislikes:** \_\_\_\_\_

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**Food Allergies:** \_\_\_\_\_

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**Toileting:** Independent \_\_\_\_\_ Dependent \_\_\_\_\_

Please describe support required:

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**Seizures:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when was the last seizure? \_\_\_\_\_

How often do they occur? \_\_\_\_\_

Describe treatment/medication: \_\_\_\_\_

**Behavioral Issues:**

Are there any behavioral issues that the Addison-Penzak JCC should be aware of?

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**Allergies:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes please list:

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What are your child's **favorite** activities at home or at school?

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What does your child find difficult?

- Walking     Running     Following directions     Communicating with adults
- Writing     Reading     Asking for help     Communicating with other children
- Jumping     Using scissors     Focusing in groups
- Anything else \_\_\_\_\_

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What makes your child anxious or angry?

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What behaviors does your child exhibit when anxious or angry?

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How long does it generally take for your child to calm down?

5 minutes       10 minutes       ½ hour       1 hour

What interventions usually work to help your child calm down?

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List any medications that your child takes and how long they have been taking them (include dosage, time, reason):

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Please list any other pertinent information:

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- I give APJCC permission to use pictures of my child for promotional purposes.  Yes  No  
**Initials:** \_\_\_\_\_
- I give permission for APJCC to contact my child's school and/or caseworker for further information, if needed.  Yes  No **Initials:** \_\_\_\_\_
- I understand that APJCC cannot accept responsibility for my child except when under direct supervision of the appropriate APJCC staff member/volunteer. Direct supervision is available only at program locations during Fun and Fitness with Friends hours. **Initials:** \_\_\_\_\_
- I understand that this information will be shared with the instructor(s), volunteer, and the APJCC staff involved with Fun and Fitness with Friends. **Initials:** \_\_\_\_\_
- The Addison-Penzak JCC reserves the right and has sole discretion to terminate and/or limit the participation of a child if it is deemed that a child's behavior is inappropriate for or harmful to the well-being of Fun and Fitness with Friends. **Initials:** \_\_\_\_\_

The parent/ guardian signature below confirms that the information on this form is current and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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