

Date: _____

**Fun and Fitness with Friends Program
Assessment Form 2019**



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): _____

Email: _____

Parent / Guardian #2: _____

Address: _____

Phone Number (Primary): _____ Phone Number (Alternative): _____

Email: _____

Emergency (other than parent/guardian):

Contact 1st :

Name: _____

Relationship: _____

Phone Number: _____

Contact 2nd:

Name: _____

Relationship: _____

Phone Number: _____

Return completed form to:
APJCC Camp & Youth Department
Scan and email to Christine Williams at christinew@apicc.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:

Communication: Verbal ____ Non-Verbal ____ ASL ____

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

Augmentative Communication Device ____ Icons ____ Real Life Pictures ____

Personal Care:

Dressing: Independent ____ Dependent ____

If dependent, please describe type of support required:

Feeding: Independent ____ Dependent ____

If dependent, please describe type of support required:

Food Preferences: _____

Food Dislikes: _____

Food Allergies: _____

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Toileting: Independent _____ Dependent _____

Please describe support required:

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?

Allergies: Yes: _____ No: _____

If yes please list:

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

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?

What behaviors does your child exhibit when anxious or angry?

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?

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

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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