FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF BOULDER VALLEY
Support Assessment

Date:_____

Parent/Guardian Name (Print): _____ Phone Number: _____

Name of Child _____ Date of Birth: _____

Diagnosis:
Check all that apply and/or write in any other disability not listed:

___Attention Deficit Disorder
___Asperger's Disorder
___Autism
___Behavioral Disorder (specify)
___Learning Disability (specify)
___Mental Illness (specify)
___Intellectual Disability
___Multiple Sclerosis
___Muscular Dystrophy
___Spina Bifida
___Spinal Cord Injury
___Traumatic Brain Injury
____Sensory Processing Disorder
____ No Diagnosis
____ Down's Syndrome
____Cerebral Palsy

Other: _____

Medical Information:

Height: _____ Weight: _____

Please check all that apply:

___Allergies (specify)
___Arthritis
___Asthma
___Atlantoaxial Subluxation
___Catheter
___Ear Tubes
___Epilepsy
___Glasses
___Hearing Aid
___Hearing Impairment
___Scoliosis
___Shunt
___Tracheotomy
___Vision Impairment
___ G-Tube
___High Blood Pressure
___Diet Restrictions
___Heart Condition
___Diabetes
___Other: _____

Please provide **specific** information for medical concerns we should be aware of (allergies, activity restrictions, easy bruising, instability, poor balance, etc.)

_____

_____

_____

Medication:

Med: _____ Dose: _____

When Taken: _____

How long has the child been taking this med? _____

Why is this med used? What is its therapeutic effect? _____

_____

Any special concerns or med side effects staff should know about? No ☐ Yes ☐ If yes, please describe:

_____

_____

IEP (Individualized Education Plan) Information: Does your child have an IEP? ☐ Yes ☐ No

What accommodations are made at school to support this child's ability to participate?

_____

_____

What accommodations are made at school to support the socialization skills of this child?

_____

_____

Interaction/Cooperation:
What (if any) situations are likely to cause upset?

_____

_____

Has this child ever shown aggression toward another person (peer, teacher, care giver, community member)? Please explain what this looks like (hitting, kicking, biting, pushing, etc).

_____

_____

Please identify any techniques used at home, school or other programs that successfully address the above challenges:

_____

_____

Does your child have a tendency to run away from groups?

_____

_____

Skill Assessment:
Place a check next to each statement that applies. Please use the comment section to share additional information.

Participant Interests (check all that apply)

☐ Outdoor activities	☐ Cards	☐ Exercise	☐ Individual Sports
☐ Pets/Animals	☐ Games	☐ Shopping	☐ Fishing
☐ Travel/Trips	☐ Crafts	☐ Walking	☐ Gardening
☐ Radio/Music	☐ Drawing/painting	☐ Watching TV	☐ Team Sports
☐ Parties/Social	☐ Reading	☐ Watching Movies	☐ Hobbies
☐ Conversation	☐ Writing	☐ Photography	☐ Relaxation/Meditation
☐ Volunteer Work	☐ Drawing	☐ Video Games	

Comments/Areas of difficulty:_____

_____

Personal Care (toileting, washing)

Essential Function: Toileting breaks are not a part of sports, child care, or lesson schedules. Parents remain on-site to support their child. In licensed programs, children should be independent with verbal prompts. Information provided here will assist in determining how supports may help your child access the program.

- ☐ 1. Wears undergarment (Attends, Depends)
- ☐ 2. Shows discomfort in being wet
- ☐ 3. Indicates need to use toilet (gives advance notice)
- ☐ 4. Uses toilet with physical assistance (needs help wiping, etc.)
- ☐ 5. Uses toilet with verbal direction
- ☐ 6. Uses toilet independently
- ☐ 7. Washes hands with physical assistance
- ☐ 8. Washes hands with verbal direction
- ☐ 9. Washes hands independently

Comments/Areas of difficulty:_____

_____

Dressing (putting on, taking off clothing)

- ☐ 1. Needs total physical assistance with dressing, undressing
- ☐ 2. Needs some physical assistance with dressing, undressing
- ☐ 3. Dresses, undresses with verbal directions
- ☐ 4. Dresses, undresses independently
- ☐ 5. Ties own shoelaces

Comments/Areas of difficulty:_____

_____

Eating/Drinking

Essential Function: Snack breaks can be a part of sports, child care, or lesson schedules. Parents remain on-site to support their child. In licensed programs, special diets and feeding needs can be supported with parent direction, and approval of our licensed medical consultant. Information provided here will assist in determining how supports may help your child access the program.

- ☐ 1. Takes pureed/soft foods from a spoon
- ☐ 2. Drinks from a cup with assistance
- ☐ 3. Drinks from a cup independently
- ☐ 4. Able to chew semi-solid food
- ☐ 5. Finger feeds if food is pre-cut
- ☐ 6. Able to use straw to drink
- ☐ 7. Able to grasp; use spoon
- ☐ 8. Able to unwrap, open containers
- ☐ 9. Able to open drink containers
- ☐ 10. Requires no assistance
- ☐ 11. History of choking or aspirating

Comments/Areas of difficulty:_____

_____

Social Skills

- ☐ 1. Demonstrates awareness of others
- ☐ 2. Responds to interaction of others
- ☐ 3. Aware of personal space, maintains appropriate distance
- ☐ 4. Will initiate interaction with others
- ☐ 5. Will play/interact cooperatively with others
- ☐ 6. Will play/interact cooperatively with a small group of participants
- ☐ 7. Able to identify and take responsibility for personal belongings
- ☐ 8. Aware of safety concerns when out in the community (traffic, staying with group, etc)
- ☐ 9. Manages frustration, controls anger
- ☐ 10. Able to adjust to changes in routine

Comments/Areas of difficulty:_____

_____

Expressive Language

- ☐ 1. Communicates needs/wants with gestures or other non-verbal behavior
- ☐ 2. Communicates needs/wants with basic sign language
- ☐ 3. Communicates needs/wants with word symbol board or similar device
- ☐ 4. Communicates needs/wants with one or two statements
- ☐ 5. Communicates through partial or complete spoken sentences
- ☐ 6. Speaks clearly, can usually be understood
- ☐ 7. Able to recall and relate information accurately
- ☐ 8. English as primary language
- ☐ 9. Spanish as primary language
- ☐ 10.Bilingual; Indicate languages: _____

Comments/Areas of difficulty:_____

_____

Receptive Language

- ☐ 1. Reacts or responds to various sounds
- ☐ 2. Able to distinguish between different sounds
- ☐ 3. Recognizes own name when called, spoken to
- ☐ 4. Responds appropriately to simple one-step directions (within capabilities)
- ☐ 5. Responds appropriately to two or three step direction (within capabilities)
- ☐ 6. Responds appropriately to directions given collectively to a small group of participants
- ☐ 7. Responds appropriately to directions given collectively to a small group of participants
- ☐ 8. Asks questions if unsure or needing more information

Comments/Areas of difficulty:_____

_____

Mobility

Does your child use an assistive device? ☐ Yes ☐ No If yes, please name: _____

Please check the following based on your child's level of independence with their device and provide any additional information below.

- ☐ 1. Walks with full physical assistance
- ☐ 2. Walks with some physical assistance
- ☐ 3. Walks independently
- ☐ 4. Able to maintain balance over uneven surfaces
- ☐ 5. Unsteady; may easily lose balance
- ☐ 6. Walks up/down steps with physical assistance
- ☐ 7. Walk up/down steps independently
- ☐ 8. Able to walk continuously for 15 or more minutes
- ☐ 9. Able to maintain balance while running
- ☐ 10. Able to safely navigate school-age playground equipment

Comments/Areas of difficulty:_____

_____

Swimming

- ☐ 1. Non-swimmer, requires individual attention in water
- ☐ 2. Non-swimmer, navigates shallow water independently
- ☐ 3. Puts face in water
- ☐ 4. Will submerge entire head under water
- ☐ 5. Can float on front
- ☐ 6. Can float on back
- ☐ 7. Swims short distance in shallow water
- ☐ 8. Able to swim in deep water

Comments/Areas of difficulty:_____

_____

Transportation

- ☐ 1. General vehicle safety requires much prompting/assistance
- ☐ 2. General vehicle safety requires some prompting/assistance
- ☐ 3. General vehicle safety requires little prompting/assistance
- ☐ 4. Street & parking lot safety requires much prompting/assistance
- ☐ 5. Street & parking lot safety requires some prompting/assistance
- ☐ 6. Street & parking lot safety requires little prompting/assistance
- ☐ 7. Needs personal assistance to be reliably safe on a vehicle
- ☐ 8. Buckles seatbelt independently
- ☐ 9. Buckles seatbelt with verbal prompt(s)
- ☐ 10. Buckles seatbelt with hand-over-hand assistance
- ☐ 11. Able to sit safely in front seat
- ☐ 12. Able to sit safely in back seat
- ☐ 13. Requires child locks on doors
- ☐ 14. Requires window locks

Comments/Areas of difficulty:_____

_____

Additional Information

Is there anything else you would like us to know in order to help us support your child?

_____

_____

_____

_____

_____

_____

Thank you for taking the time to share information about your child in order to help us determine how we might best support your child in having a safe and successful experience.

Parent/Guardian Name Signature _____