Date:

SensiPlay™: Sensory Motor Program - Springfield JCC + Bay Path University

Name _____ H. Phone _____

Address_____ Birth Date ____/___/____ Age _____

City State Zip _____

Parent/Provider Information

Parent/Provider Name _____ Birth Date ____/___/____

Cell Phone _____ Work Phone _____

Email _____

Parent/Provider Name

Cell Phone _____ Work Phone _____

Email _____

Emergency Information

Emergency contact _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to participant _____

Participant Information

Diagnosis/Classification _____

Allergies _____

Dietary Restrictions/Food Allergies/Seizures

_____

_____

Medication _____ Primary Physician _____

_____ Phone: _____

Consent for Video/Pictures

I _____ give permission for my child _____ photo or video to be used for JCC media or local newspaper. If just one place, please circle otherwise your signature is for both.

Agency Information

Agency if applicable:_____ Contact name:_____

Phone number:_____ Agency email:_____

Areas of Interest

What does your child like to do for fun? (i.e. hobbies, leisure activities):

_____

_____

What are some activities that your child does not like to do?

_____

_____

Areas of Need

How does he/she communicate their wants and needs? (please circle)

Vocally **Gestures** **Pictures** **Sign Language** **AAC/Communication Device**

Describe his/her behavior when having difficulty? (not getting his/her way)

Tantrum **Hit self or others** **Bite self or others** **Yell** **Cry** **Throw items** **Head bang**

Other or explanation:_____

How does he/she react to stress? Transitions/changes in routine?

Needs Prior Warning **Needs Countdown** **Tantrum** **Aggressive Behaviors self or others**

Other or explanation: _____

What are some effective, or calming, strategies that would work in a group setting?

Visual Schedule **First/Then Boards** **Transition Warnings/Countdowns** **Ignoring**

Fidget Tools **Space to Take a Break** **Restate Expectations**

Other or explanation:_____

_____

Describe in detail the method of redirection used at home or at school?

_____

_____

_____

_____

_____

How does your child display anger?

Verbalizes **Tantrum** **Hitting self or others** **Biting self or others**

Yell **Cry** **Throw Items**

Other or explanation: _____

_____

Is there any information (not requested) which would assist your child in participating in a group activity?

Information you would want a group leader to know? _____

_____

_____

Please describe your child's typical social interaction with the following:

a. Siblings (please list siblings names and ages) _____

_____

_____

b. Adults _____

_____

_____

c. Peers _____

_____

_____

School Information

School your child attends (Name & city/town) _____

Type of class (i.e. resource, self contained, etc.) _____

_____ Grade: _____

Student/teacher ratio: _____ Does your child have a one-to-one aide? ___Yes ____No

Services received in school (i.e. speech/language, adaptive physical ed, etc.) _____

_____

_____

Out of school services: _____

_____

_____

Extra-curricular activities

_____

Please share any other information that pertains to your child's safety and comfort in the program

_____

_____

Please share your perceptions of your child's sensory strengths and weaknesses:

_____

_____

Sensory Area:	Over sensitive: Bothered by, excessive, responds to-	Under sensitive: Does not notice, does not respond-
Vestibular (movement)		
Proprioception (body awareness)		
Tactile (touch)		
Auditory (sound)		
Visual (vision)		

Please note current level of assistance required to complete Activities of Daily Living tasks:

ADL Area	No help needed-independent	A little help needed	A lot of help needed	Total assistance-Dependent	Comments and any adaptive equipment used (adaptive eating utensils, wheelchair, etc.
Dressing					
Toileting					
Eating					

Please describe your child's fine motor and gross motor development and skills. Are there any concerns? If so, please list:

_____

_____

_____

_____

What are you hoping your child will gain from participating in the Sensory Motor program?

_____

_____

_____

_____