

Imagine Participant Support Profile



DATE OF REGISTRATION:

PARTICIPANT'S NAME:

BIRTHDATE:

CARE CARD #

PARENT/GUARDIAN NAME:

SIBLINGS:

Name _____	age _____
Name _____	age _____
Name _____	age _____
Name _____	age _____

PARENT/GUARDIAN CONTACT INFORMATION:

Address:

Email:

Phone: home cell

ALTERNATE EMERGENCY CONTACT:

Name:

Relationship to participant:

Phone: home cell

AREA OF EXCEPTIONALITY/DIAGNOSIS:

- | | |
|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Intellectual Delay |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Oppos. Defiance Disorder |
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Sensory Processing Disorder |

****Details:** _____

ASSISTANCE NEEDED FOR:

- Toileting
****Details:**
- Tube Feeding
****Details:**
- Eating/Drinking
****Details:**
- Mobility
****Details:**
- Communication
****Details:**
- No assistance needed

ALLERGIES (please list all along with reactions and treatment)

FORM OF COMMUNICATION USED:

Is Non-Verbal

****Details:**

Verbal Speech

****Details:**

Sign Language

****Details:**

Picture Exchange Symbols (PECS)

****Details:**

Computer (tablet/laptop)

****Details:**

SENSORY CHALLENGES:

Dislikes certain textures

****Details:**

Prefers not to be touched (unless asked or requested by child or adult)

****Details:**

Overwhelmed by visual stimulation overload (e.g. fast paced movie)

****Details:**

Overwhelmed by crowded environment (too many people in his/her space)

****Details:**

Sensitive to loud sounds (e.g. screaming, applause, instruments)

****Details:**

Sensitive to inside (e.g. fluorescents) or outside light (e.g. sun)

****Details:**

Sensitive to changes in routine or environment (e.g. new teacher/room)

****Details:**

Does not display any sensory challenges

BEHAVIORAL CHALLENGES:

Shows aggression such as: kicking, hitting, pinching, pushing, spitting and/or biting when upset (**please circle those that apply**)

****Details:**

Flight risk (may run out of classroom or away from staff)

****Details:**

Behavioral challenges increase if child has sugar/food coloring (e.g. candy)

****Details:**

Screams/cries when he/she does not want to participate in activities

****Details:**

Gets upset when routines/teachers change or when rules are not followed

****Details:**

Ignores instructions given by others (support staff, parents, caregivers)

****Details:**

Struggles with impulse control

****Details:**

Does not display any behavioral challenges

TYPICAL RESPONSE TO SEPARATION IN NEW ENVIRONMENTS:

Will become upset (scream or cry)

Can become aggressive

Attempts to run away from situation

Is bothered by separation from parents/caregivers

Is not bothered by separation from parents/caregivers

****Details:** _____

TYPICAL RESPONSE TO INTERACTING WITH PEERS/OTHERS:

- Plays well with peers or others
- Prefers parallel play (i.e. plays alone, but enjoys having others in the room)
- Prefers to play alone and does not enjoy interacting with peers or others
- Is shy in new situations, but generally is quickly engaged in play
- Needs support to respond appropriately to others who want to interact

****Details:** _____

SENSORY LIKES AND DISLIKES (circle choice):

- Y N Enjoys sensory equipment (e.g. tent; egg chair)
- Y N Enjoys tactile toys and textures (e.g. sand; water; tactile wall)
- Y N Enjoys tactile activities (e.g. coloring, cutting/glueing, play-doh)
- Y N Enjoys vestibular (motion/movement) activities (e.g. tramp; swing)
- Y N Enjoys proprioceptor (kinesthetic) activities (e.g. weighted blanket)
- Y N Enjoys physical contact with others (e.g. friendly pats, side hugs)

****Details:** _____

ACTIVITY LIKES AND DISLIKES (circle choice):

- Y N Enjoys stories
- Y N Enjoys music
- Y N Enjoys tech toys and apps (e.g. iPad, Leap Pad) _____
- Y N Enjoys playing with a favorite everyday toy _____

****Details:** _____

OTHER IMPORTANT INFORMATION FOR IMAGINE VOLUNTEERS:

Imagine is a division of Northview Kids – a ministry of Northview Community Church.

Information provided on this form will be used in accordance with Northview Community Church's Personal Information Protection Policy and shared only for the purposes of supporting Imagine participants.



"Supporting individuals lovingly created by God"