ANDERSON COUNTY
SOUTH CAROLINA

Application for Participation
Special Population Recreation
"The Virtual Rainbow Gang"

Candidate Information:

Candidates Name:

Candidates Birthdate (mm/dd/yyyy)

Candidates Age:

Candidates diagnosis (if any)

Sex (circle one) Male Female Decline to Answer

Demographics:

Appalachian Hispanic Other:

Asian White

Black Native American

Parent/Legal Guardian Information:

Name:

Phone:

Home:

Cell:

Work:

Address:

Email:

Name:

Phone:

Home:

Cell:

Work:

Address:

Email:

In Case of an Emergency:

Name:

Relationship

Phone:

Home

Work

Cell

Name:

Relationship

Phone:

Home

Work

Cell

I like to do: Check all that apply

Arts and Crafts		Oustside Play time	
Board/Card Games		Hiking	
Cooking		Sensory Play	
Dancing		Video games	
Fishing		Drawing/Coloring	
Group Activities		Animals	
Music		Singing	
Animals		Swiming	
Sports		Other	

I do NOT Like: please check all that apply

_____ Large Groups
_____ Loud Noises
_____ Nurses/Doctors
_____ Showers
_____ Storms
_____ The Dark
_____ Water
_____Animals (please list)
_____Insects (please list)
_____Buses
_____Emergency Vehicles
_____Change in Schedule
_____Other (please list)

Swimming:

Swimming Level—Please check one.

_____ Non-swimmer/beginner

_____ Intermediate

_____ Advanced

_____ Requires Lifejacket

Swimming Comments:

I could become upset because:

_____ I am too hot or cold

_____ I am not getting my way

_____ I am being told "NO"

_____ I feel I I am in a "NOT FAIR" situation

_____ I am being asked to wait

_____ I am afraid

_____ I am being asked to take turns

_____ I am trying to communicate and I am notbeing understood

_____ There is a change in my schedule

_____ Someone is bossing me around

_____ I am in a crowd

_____ I am ill

_____ I am asked to share

_____ I am hungry/thirsty

_____ I am homesick

Sensory Sensitivities:Please give brief description if any concerns

No concerns ☐ Check Here if No Concerns

Visual (seeing):

Auditory (hearing):

Olfactory (smelling):

Tactile (touching):

Proprioceptive (movement):

What sensory situations upset him/her?

Assistive technology used:

I Communicate Best:

_____ Non Verbal
_____ Verbally
_____ Writing Notes
_____ Using sign language
_____ Using gestures/pointing
_____ Using simple words
_____ Using simple signs
_____ Using body language and facial expressions
_____ Using a PECS book*
Will this be sent to RBG? _____ yes _____ no
_____ Using a communication device*
Will this be sent to RBG? _____ yes _____ no

***Anderson County Special Population Recreation staff and volunteers are not responsible for broken lost or stolen devices**

Expressive Lagnuage

___ Articulate
___ Single Words
___ Asks for help
___ Problems Articualting

Receptive Language

___Comprehends
___ Follows 3+ Step instructions
___ Direct 1 step at a time

(Please remember the more information we have about candidates the better we can serve them.)

My frustrations may appear by:

	Never	Rarely (Yearly)	Some (Monthly)	Frequent (Weekly)	Daily
Bad Language					
Biting Others					
Biting Self					
Crying					
Food Stealing					
Hair Pulling					
Hiding					
Hitting					
Homesickness					
Inappropriate Touch					
Kicking					
Refusing To Move					
Scratching					
Screaming					
Self-injurious Behavior					
Spitting					
Stealing					
Stemming					
Throwing Things					
Undressing					
Running Away					
Wandering					

In your observations, what is/are your candidates most challenging behavior(s)

I have received overnight medical care for psychiatric observation:

_____ yes _____no

If yes, give dates and length of stay:

I may exhibit sexual behavior: ____ yes ____ no

Explain Specifically (towards others, self, etc.)

You can help me by: Please check all that apply

_____ Quiet Space
_____ Offer me water
_____ Offer me choices
_____ Speak calmly and in a quiet voice
_____ Use fewer words
_____ Take a break inside
_____ Use a picture prompt or schedule
_____ Provide deep pressure
_____ Provide sensory input (swings, jumping, running)
_____ Talk to me about why I am upset
_____ Use first/then statement

Comments or addional techniques used to help calm a frustration

I may need help:

Dressing:

_____ Independent _____ Verbal Direction _____ Physical Assistance _____ Total Assistance

Clarification of above needs

Please select one:

_____ I require a personal aid and/or service animal
_____ I do not require a personal aid and/or service animal

Toileting:

_____ Independent _____ Verbal Direction _____ Physical Assistance _____ Total Assistance

Clarification of above needs

Mobility - Please check all that apply.

_____ Ambulatory

_____ Ambulatory with assistance

_____ Staff assistance

_____ Cane/Walker/Crutches

_____ AFO (Type: _____)

_____ Uses Wheelchair

_____ Manual

Can propel self? Y/N

_____ Power

_____ Fall Risk

_____Transfer Assistance

_____ Independent

_____ 1-person pivot

_____ 2-person

Other _____

Clarification of above needs:

ALL DIETARY INFORMATION MUST BE COMPLETED

(Candidate will not be considered if this information is not complete.)

Eating: Independent _____ Oral Direction_____ Assistance_____

Calrification of needs:

I require the following special dietary equipment:

Please mark all that apply

Equipment :		Clarification:
Adaptive Spoon		
Clothing Protector		
Divided Deep Dish		
Dycem		
Nosey Cup		
Plate Guard		
Sippy Cup		
Straw		
Other		

I need FOOD prepared in the following way: PLEASE CHECK ONLY ONE

Consistencies :		Clairfication:
Chopped Meat (Meat Only)		
Chopped (Bite/Dime Size Pieces)		
Mechanical (Ground like crumbs)		
Mechanical/ Dental Soft		
(Ground Wet (Ground Wet like Crumbs)		
Puree (Pudding Consistency)		

Please list any food allergies:

Is candidate independent obtaining beverages?	Yes	No
Sugar allowed?	Yes	No
Are caffiene drinks allowed?	Yes	No

Social and Emotional Behaviors:

Please check all that apply to candidate:

General

	Relatively free from signs of problems
	Interacts appropriately with caregivers
	Interacts appripriately with peers
	Interacts appropriately with animals

Expresses Feelings

	Verbally
	Non-Verbally
	Initiates Cooperative actions
	Usually even tempered
	Shows anger appropriately
	Doesn't interact even when encouraged
	Resists Cooperation
	Appears to have significant emotional problems

Prefers the company of:

	Males
	Females
	Peers
	Staff
	Aged older/younger (specify)

Medical: Please list all NON FOOD ALLERGIES (Ex. Bees, Medications)

____ I have an Epi-Pen ____ I do NOT have an Epi-Pen

I take medication at lunch time Yes No

Please list name and dosage

Seizure History

I have a history of seizures _____ yes _____ no

I have had a seizure within the last year _____ yes _____ no

Type of seizure ___ grand mal ___petit mal ___ partial ___ complex partial

Protective Headgear _____ yes _____ no

Usual length of seizures

Triggers

My seizure looks like

History: Please check all that apply

	Anemia	Hepatitis	
	Asthma	High Blood Pressure	
	Blood Clots	High Fever	
	Cancer	Hydrocephalus	
	Chronic Bronchitis	Immune Disorder	
	Diabetes	Liver Disorder	
	Encephalitis	Migraine Headaches	
	Gall Bladder Problems	Thyroid Disorder	
	Gastritis	Ulcers	
	Head Trauma/Injury	Valley Fever	
	Heart Disease/Murmur	None of the above	

Please list any other information that you'd like for us to know: