

Participant Interest Profile

Please check all of the following that apply to your participant. We will use this information to better inform our leadership team so that we can plan activities and provide supports that meet individual needs. Thank you for your help!

My participant enjoys:

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Coloring | <input type="checkbox"/> Gym activities | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Walking | <input type="checkbox"/> Puzzles |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Communicating | <input type="checkbox"/> Yard games |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Being social | <input type="checkbox"/> Board games |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Exploring | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Making friends | <input type="checkbox"/> Other: _____ |

What areas/skills does your participant need help or social supports for?

- Branching out to new activities and/or games
- Socializing with new people
- Taking turns
- Participation
- Maintaining boundaries (socially/physically)

Other: _____

Please provide us with additional information to help us overcome any challenging situations that may arise through the year.

- My student likes to wander off from the group
- My student cannot regulate their emotions and struggles with anger/violence
- My student struggles to understand social boundaries
- My student tends to overshare with others
- My student needs assistance with healthier eating choices

If you checked yes, please provide us with suggestions to help us to assist your participant.

Does your participant have any medical conditions that require a medical action plan? If yes, please attach a Medical Action Plan with a doctor approval of the plan.

Examples may include: vasovagal syncope, epilepsy, seizure disorder, any disorder that causes loss of or altered consciousness.

Please check the boxes of the people you are comfortable with us sharing this information with:

- Core leadership team
- Student volunteers

Other: _____

THANK YOU!