



ADAPTABILITIES

CREATING SUCCESS FOR LIFE

Intake
2021-2022

ABOUT ME

Please Note: Forms are in the first person.

Participant

Name: _____
First Name Middle Initial Last Name

Emergency Contacts (two - other than Parents/Guardians)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

Relationships

Who is important in your life? (family, friends, natural and/or paid support)

Social Interaction

Are you an introvert/extrovert? Comment on how you get along with others.

Sensory Needs

Touch, smell, oral-tactile, taste, visual, auditory, what are their sensory needs?

HOW TO SUPPORT ME

AdaptAbilities believes all behaviour is simply a form of communicating one's needs. Behaviours do not occur without a reason. The first step in supporting a person with behaviours is getting to know them.

Communicating My Needs

1. When I am upset, angry, afraid, frustrated, confused, or sad, I react by:
(consider environment – home, school, and/or community)

None Swearing Hitting Biting Kicking Refusal Hair Pulling

Please Explain:

What is the frequency, duration, and intensity?

2. When I am upset, or starting to get upset, I communicate by:

None Crying Withdrawal Refusal Yelling Pouting Swearing
Screaming Self-Harm Aggression Faking Injury/Illness

Please Explain:

Are there triggers and/or warning signs?

3. What environment is most successful for you?
(i.e. away from loud noises, less crowded, etc.)

4. What environment is most successful for you?
(i.e. away from loud noises, less crowded, etc.)

5. When you are getting frustrated, how would you like to be supported?

Quiet Time My Own Space Go For Walk Counting Redirection
 Verbal Reminder

Please Explain:

6. Are there any other issues you believe we should be aware of?

STRENGTHS AND GOALS

Fill out **ONLY** if you are 17 years or younger

Participants Name: _____ Date: _____

We like to focus on personal development, starting with skills and strengths of each person. List strengths of your child (i.e. social, recreation, communication, fine/gross motor skills, etc.)

AdaptAbilities focuses on “Creating Success – For Life” and integrates three components into our day: Essential Life Skills, Expressive Arts, and Recreation & Motor Development.

Choose three goals from each component, numbering 1, 2, and 3, with number 1 being your highest priority.

Goals

1. Essential Life Skills – skills used in everyday social activities, such as:

Focus on task	Respecting space and boundaries
Increase attention span	Borrowing versus taking
Improve communication	Taking turns and sharing
Manners	Proper food choices, healthy snacks
Problem Solving	Telling time
Anger management	Money
Following instructions	Counting
Adapting to change	Increasing independence (i.e. dressing)
Making choices	

2. Expressive Arts – activities that encourage expression and creativity, such as:

Drawing	Drama and theatre sports
Painting	Increased interest in various art forms
Building and creating	Express feelings through art
Singing and/or music	Increase communication through art

3. Recreation & Motor Development: leisure activities and fine/gross motor skills, such as:

- | | |
|------------------------------------|--------------------------------------|
| Running and/or jumping | Improved coordination |
| Throwing and/or catching | Playground skills |
| Swimming and/or bowling | Playing games with others |
| Climbing and/or swinging | Interest in active living activities |
| Improved balance | Printing |
| Sensory activities (specify below) | Colouring within the lines |

Other: _____

Sensory activities: _____

If you have any questions, or need some suggestions, please contact us at: (780) 431-8443

Personal Development

Fill out **ONLY** if you are 18 years or older

Participants Name: _____ Date: _____

Skills and Strengths

Are there any previous work/volunteer, school, or other experiences you have had that you are proud of, and would like to continue or build on? (i.e. work experiences, previous employment, good at working with young children, strong organizational skills, etc.)

Meaningful Days

What are the things that you feel need to be included in your day/week in order for you to enjoy your day? (i.e. taking care of your home, chores, physical activity, contributing through volunteerism, having a morning coffee, paid employment, etc.)

Working On

Are there specific skills or areas that you are working on gaining more independence? (i.e. self-care, cooking, taking transit, laundry, money management, other skills/knowledge required to live independently)

Personal Development

Is there anything you are passionate about learning or courses you are interested in taking? (i.e. art, computer, photography, cooking classes, drama groups, sports, public speaking, fitness, building model airplanes, drumming, guitar, etc.)

Are you interested in any post-secondary opportunities? Are there things you have never tried that you would like to explore to see if they suit you?

PHYSICAL ACTIVITY READINESS (PAR) QUESTIONNAIRE

Check YES or NO and provide an explanation as required.

- | | | |
|---|-----|----|
| 1. Has your doctor ever said that the individual has heart trouble? | YES | NO |
| _____ | | |
| 2. Do they frequently suffer from pains in their chest or heart? | YES | NO |
| _____ | | |
| 3. Does the individual often feel faint or have spells of dizziness? | YES | NO |
| _____ | | |
| 4. Has your doctor ever said that the individual has high blood pressure? | YES | NO |
| _____ | | |
| 5. Has your doctor ever told you that the individual has a bone or joint problem (i.e. arthritis) that has been or may be aggravated by exercise? | YES | NO |
| _____ | | |
| 6. Does the participant have any perceptual/learning/motor delays? | YES | NO |
| _____ | | |
| 7. Does the individual have any allergies? | YES | NO |
| _____ | | |
| 8. Are you currently taking any medication?
Please list medications on Medication Release Form. | YES | NO |

Signed this _____ day of _____, 20____, Edmonton, Alberta

Individual/Guardian/Primary Contact

Signature: Individual/Guardian/Primary Contact

Reviewed by: Employee Name

Employee Signature

MEDICAL

Physician(s)

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Alberta Health Care Number: _____

Do you have health insurance? (i.e. Blue Cross) YES NO

In the case of an emergency, AdaptAbilities will call an ambulance.

N.B. Family is responsible for the full cost of the ambulance, if not covered by insurance.

Medical Information

Allergies: _____

Reaction: _____

Recommended Treatment for Reaction(s): _____

Drug Allergies: _____

Reaction: _____

Recommended Treatment for Reaction(s): _____

Seizures YES NO

Type: _____ Frequency: _____

Duration: _____ Date of last seizure: _____

Reaction: Before: _____ During: _____

After: _____

Diabetes YES NO

Is the participant on insulin? YES NO

How often do they check their blood sugar levels? _____

Do they need assistance? YES NO

Notes:

Communicable Disease(s) YES NO

If yes, state the diagnosis: _____

MEDICAL

Is the participant prone to any of the following?

Fainting Asthma Respiratory Problems Heart Problems Dizziness
Infections Headaches Migraines Low Blood Pressure Faking Illness
High Blood Pressure

Please Explain:

Is the participant **unable** to participate in physical activities for any reason?

What intensity of physical activity is reasonable for them?

Light Moderate Heavy

Are there any other health concerns that you would like us to be aware of?

Special Dietary Needs

Does the individual have a G-Tube? YES NO

If yes, you must complete a G-Tube Care Sheet (request form from office).

Food Preparations:

None Soft Diced Pureed Thickened Fluids

Notes:

May NOT consume the following:

Dairy Sugar Gluten Eggs Nuts

Other:

Individual/Parent/Guardian Waiver

All information provided is complete to the best of my knowledge. I have not withheld any information that will affect the care of the individual.

I agree to be placed on the AdaptAbilities e-newsletter list to receive email notifications

Individual/Parent/Guardian

Signature

Date

MEDICATION RELEASE

Participant Name: _____

Name of Parent/Guardian: _____

My Child Does Not Take Medication (signature required)

List medications administered by AdaptAbilities ONLY, including non-Prescription, over-the-counter, and herbal remedies. All medications must have a pharmacy label.

Medication Name				Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO
					Daily
					Weekly
					Monthly
Side Effects:			Times(s):		
Instructions:			Dosage:		

Medication Name				Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO
					Daily
					Weekly
					Monthly
Side Effects:			Times(s):		
Instructions:			Dosage:		

Medication Name				Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO
					Daily
					Weekly
					Monthly
Side Effects:			Times(s):		
Instructions:			Dosage:		

Medication Name				Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO
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Side Effects:			Times(s):		
Instructions:			Dosage:		

Medication Name				Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO
					Daily
					Weekly
					Monthly
Side Effects:			Times(s):		
Instructions:			Dosage:		

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring on August 31, 2022

Individual/Guardian/Primary Contact

Signature: Individual/Guardian/Primary Contact

Reviewed by: Employee Name

Employee Signature

ASSUMPTION OF RISK

On behalf of _____, as parent/guardian, I

_____ understand that there are risks/dangers, which are inherent to each specific activity provided by Alberta AdaptAbilities Association. These risks include, but are not limited to, the loss of personal property, the possibility of physical injury to them or another participant, such as muscle strain, broken bone(s), concussion, soft tissue damage, infectious disease, etc., including the possible risk of severe or fatal injury.

Alberta AdaptAbilities Association strives to provide awareness of risks associated with each of the programs/activities it offers. As a parent/guardian, I understand that it is my responsibility to ascertain if there are any health conditions which make it inadvisable for participation in any Alberta AdaptAbilities Association program. I also understand that I am responsible for any medical treatment or costs which may occur because of their participation.

I, the parent/guardian remise, release, and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, students, insurers, agents, and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages, whatsoever arising out of or in consequence of any loss, injury, or damage of any kind sustained by child/adult in an Alberta AdaptAbilities Association program. In the event of an accident, I give permission for qualified Alberta AdaptAbilities Association employee to administer first aid and/or CPR, and/or accompany them in ambulance.

I understand that I will be responsible for the cost, in full of any transportation, to and from the hospital or location of treatment, including but not limited to ambulance transportation.

I understand that I or another emergency contact must be available to pick up the person named above immediately at any time during an AdaptAbilities program due to emergency situations, sickness, or behaviours.

I acknowledge that I have read and understood this agreement, that I understand, appreciate, and accept the risks associated with the participant in an Alberta AdaptAbilities Association program. As the parent/guardian, I consent for them to participate in Alberta AdaptAbilities Association programs from:

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring August 31, 2022.

Individual/Guardian/Primary Contact

Signature: Individual/Guardian/Primary Contact

Reviewed by: Employee Name

Employee Signature

PHOTO DISCLOSURE

On behalf of _____, as parent/guardian, I

_____ understand that there are times when Alberta AdaptAbilities Association to take archival and/or promotional photos of the participants.

Alberta AdaptAbilities Association continues to be a leader in disability services within the City of Edmonton, and we strive to provide quality service to our families and the people who hire us.

To keep the legacy of our core purpose alive, and to further market our programs, we would like to promote successful experiences to prospective and current participants by displaying our people involved in meaningful days and purposeful support.

Please check the appropriate boxes for photo disclosure of pictures taken from:

YES

Photos may be used externally at the discretion of Alberta AdaptAbilities Association (i.e. website, social media, and advertising purposes).

NO

I do not like photos taken. However, I understand that photos may be taken within Alberta AdaptAbilities Association programs, and there is a possibility that they will be situated within some photos. Alberta AdaptAbilities Association will not use their photo in any manner if this were to occur.

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring August 31, 2022.

Individual/Guardian/Primary Contact

Signature: Individual/Guardian/Primary Contact

Reviewed by: Employee Name

Employee Signature

COMMUNITY ACCESS/FIELD TRIP

On behalf of _____, as parent/guardian, I

_____ understand that there are risks/dangers, when accessing community and participating in field trips.

Alberta AdaptAbilities Association wants to ensure a well-rounded experience for all, and focuses on the *development of the whole individual, physically, socially, mentally, and emotionally within a safe and caring environment.*

To achieve the development of the whole person, Alberta AdaptAbilities Association utilizes as many resources within our community as possible to provide the best experience; thus programs may include accessing the community and/or taking part in field trips.

Transportation may be accessed through the use of the Edmonton Transit System (ETS), a cab company, chartered transportation, and/or personal vehicle of an Alberta AdaptAbilities Association employee. Walking trips may also occur.

By signing this form, you are stating that you understand and accept the risks as outlined in the *Assumption of Risk* form previously completed. Alberta AdaptAbilities Association, its programs, and its employees make every effort to ensure everyone's safety while they attend any program held by Alberta AdaptAbilities Association. Accessing the community provides the opportunity to be a "part of" rather than just "in" community, which reinforces one to be a contributing member of their community.

I acknowledge that I have read and understood this agreement, that I understand, appreciate, and accept the risks associated while accessing community in an Alberta AdaptAbilities Association program. As the parent/guardian, I consent for them to access community in Alberta AdaptAbilities Association programs from:

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring August 31, 2022.

Individual/Guardian/Primary Contact

Signature: Individual/Guardian/Primary Contact

Reviewed by: Employee Name

Employee Signature

SUNSCREEN AND BUG SPRAY WAIVER

On behalf of _____, as parent/guardian, I

_____ understand that there are risks/dangers, when accessing community and participating in field trips.

AdaptAbilities employees may apply sunscreen

AdaptAbilities employees may apply bug spray

Application Notes:

I, the person or parent/guardian remise, release, and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents, and assigns of and from any manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury, or damage of any kind sustained by a child/adult due to the application of sunscreen and/or bug spray by Alberta AdaptAbilities Association or an employee of Alberta AdaptAbilities Association.

I acknowledge that I have read and understood this agreement, that I understand, appreciate, and accept the risks associated with the application of sunscreen and/or bug spray by a representative of Alberta AdaptAbilities Association. As the parent/guardian, I consent to the application of sunscreen and/or bug spray to the person named above from:

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring August 31, 2022.

Individual/Guardian/Primary Contact

Signature: Individual/Guardian/Primary Contact

Reviewed by: Employee Name

Employee Signature

PICK UP RELEASE

On behalf of _____, as parent/guardian, I

_____ understand that there are risks/dangers, associated with releasing the participant, to the below mentioned person(s) upon pick up.

	Name (In Full)	Day/Date(s)	Notes
1.			
2.			
3.			

I, the person or parent/guardian remise, release, and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents, and assigns of and from any manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury, or damage of any kind sustained by a child/adult due to a representative of Alberta AdaptAbilities Association releasing the child/adult into the care of above mentioned person(s).

I acknowledge that I have read and understood this agreement, that I understand, appreciate, and accept the risks associated with releasing the participant into the care of the above mentioned people. As the parent/guardian, I consent to the release of the participant into the care of the above named person(s) from:

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring August 31, 2022.

Individual/Guardian/Primary Contact

Signature: Individual/Guardian/Primary Contact

Reviewed by: Employee Name

Employee Signature

RELEASE OF INFORMATION

Authorization For The Release/Exchange Of Confidential Information

On behalf of _____, as parent/guardian, I

_____ hereby authorize the release and exchange of any information including personal information, which would otherwise by law be considered to be privileged and private information to/form/between the following agency(s), individual(s), and/or professional(s).

List Agency/Individual/Professional

AdaptAbilities

Funding Agency (Specify): _____

School/Teacher (Specify): _____

Social Worker (Specify): _____

Other (Specify): _____

Other (Specify): _____

I choose not to authorize release of the following information, including:

I understand that I may revoke this consent at any time by doing so in writing.

Any additional changes will require a new signature and corresponding date.

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring August 31, 2022.

Individual/Guardian/Primary Contact

Signature: Individual/Guardian/Primary Contact

Reviewed by: Employee Name

Employee Signature