**OUCARES Participant Information Form**

This Form is required for ALL NEW OUCARES PARTICIPANTS Please complete the entire form

**Name of Participant:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Person completing the form:** Click or tap here to enter text. **Relationship to participant:** Click or tap here to enter text.

**Medical Needs or Concerns:** Click or tap here to enter text.

**Allergies:** Click or tap here to enter text.

**Participant’s Communication Includes. Check all that apply**

[ ]  Typical Verbal Speech [ ]  Limited Verbal Speech [ ]  Non-Verbal

[ ]  Sign Language [ ]  I-PAD [ ]  Other. Please explain.**Click or tap here to enter text.**

**Participant’s Motor Abilities. Check all that apply**

[ ] Ambulatory [ ] Uses Wheelchair [ ] Uses Walker

[ ] Other. Please explain. Click or tap here to enter text.

**Please explain any details it would be important for us to know in relation to the mobility of this participant**. Click or tap here to enter text.

**Does the individual have any fine motor challenges?**

[ ] No[ ] Yes. If yes please explain. Click or tap here to enter text.

**Is the individual independent in toileting?**

[ ] Yes

[ ] No. If no please explain. Click or tap here to enter text.

**Please explain the communication strategies that work best for the individual.** Click or tap here to enter text.

**Do you have any suggestions to help the individual engage socially?** Click or tap here to enter text.

**Does the individual wander or run?**

[ ]  No

[ ] Yes. If yes please explain precautions you suggest be in place. Click or tap here to enter text.

**Does the individual show aggression by trying to hurt him/herself or others?**

[ ] No

[ ] Yes. If yes, please explain the form the aggression generally takes (verbal/physical) and successful interventions to mitigate aggressive behaviors. Click or tap here to enter text.

**What type of educational program (if any) is the individual currently enrolled, and what type of support do they receive in the program?** Click or tap here to enter text.

**Please list anything that you feel the instructors should know.** Click or tap here to enter text.

**Please list any supports this individual will need to be successful in our programs.** Click or tap here to enter text.

**Email completed form to:**

**Oakland University Center for Autism Outreach Services (OUCARES)**

**oucares@oakland.edu**