

Participant Information Form

Name:

Date:

Date of Birth:

Disability/Diagnosis:

Things that I'm good at/like to do:

Things that I'm not so good at/don't like to do:

I communicate by using:

Help me understand what you want me to do by:

My social skills with peers are:

Things that make me happy are:

Things that make me sad or mad are:

You can tell I'm frustrated/upset when I:

Things you can do to help me calm down:

Behavior management techniques that work for me:

My swimming skills are:

Medical issues for me are (i.e. seizures, medications, etc):

My goals for the program are: