



INSPIRING POTENTIALS INCLUSION PROGRAM HEALTH AND WELLNESS QUESTIONER

Please fill out the following questionnaire. Please make sure to provide all vital information that can help us provide the best quality service and proper placement setting for your young adult.

Take your time to answer every question and provide as much information as possible that will help determine the precautions and supervision measures to take.

Today's Date _____	<u>NO</u>	<u>YES</u>	<u>Needs assistance</u>
Following instructions			
Wonders away			
Gets lost			
Following in a group			
Aggressions towards others			
Friendly			
Keeps hands to her/himself			
Hiitting			
Problems Walking			
Playing			
Gets along with others			
Biting			
Throwing			
Jumping			
Running			
Allergies / Food Allergy			
Takes Medication			
Has Tantrum triggers			
Using rest room			
Wiping			

Today's Date _____	NO	YES	Needs assistance
Loses balance			
Falls easy			
Trips over easy			
Manages his own money			
Has tracking device			
Uses phone			
Trouble eating			
Uses corrective eyewear / glasses			
Vegetarian			
Vegan			
Carnivore			
Gluten diate			
Casein diate			
Has problems seating for long periods of time			
Has problems wearing seat belts.			
Gets car sick			
Gets sea sick			
Opens car door when an adult is driving			
Depression			
Anxiety			
Scares easy			
Can cross street			

Today's Date _____	NO	YES	Needs assistance

Thank you for taking the time to answer this questionnaire. Your participation is greatly appreciated. The following page has been left blank for your convenience. If you need to share more information regarding this questionnaire, please do so on this page. We look forward to your participation in our community's recreation integration program IPIP.

Signature _____

Please print your name _____ and the individuals name you represent _____

