

# INFORMATION SHEET FOR PARTICIPANTS

In order for us to ensure that you have the best possible experience at Bradford Woods, it is important that every participant provides us with complete and accurate information. Please check all that applies. Return this form to the organization that you will be coming with to Bradford Woods. Thank you.

Participant's name \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F

Participant's age \_\_\_\_\_ Participant's Cognitive age \_\_\_\_\_

Please check one:      Requires total assistance \_\_\_\_\_  
                                 Requires partial assistance \_\_\_\_\_  
                                 Independent \_\_\_\_\_

Group \_\_\_\_\_ Leader \_\_\_\_\_

Program dates \_\_\_\_\_ Trail group \_\_\_\_\_

Participants' dietary needs (please be specific)

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Fears or Allergies

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**Please check all that apply:**

Diabetes       Hearing impairment       Autism  
 Muscular dystrophy       Visual impairment       Nonverbal communication  
 Spina bifida       Dyslexia       Hyperactivity  
 Asthma       Cerebral palsy       Has a tendency to faint  
 Learning disability       Cancer       Mild mental retardation  
 Behavior disorder       Heart condition       Moderate mental retardation  
 Emotional disorder       Epilepsy/seizures       Severe/profound mental retardation  
                                  *petit mal*       *grand mal*  
 Participant has a Birthday while at Bradford Woods  
 Recent death in the family  
 Religious objections, please specify: \_\_\_\_\_  
 Other. Please specify \_\_\_\_\_

**Equipment:**

Walker       Hearing aid       Ileostomy equipment  
 Crutches       Feeding equipment       Has specific eating utensils  
 Eyeglasses       Respiratory equipment       Clothing (bib, shoes)  
 Braces       Protheses (\_\_\_\_ arm \_\_\_\_ leg)       Wheelchair (\_\_\_\_ Manual \_\_\_\_ Electric)  
(\_\_\_\_ arm \_\_\_\_ leg \_\_\_\_ back)

**Bradford Woods can provide the following equipment:**

**Check if the participant would utilize it during their stay.**

Bed rail       Shower chair       Bed pan       Hand held urinal

**Sleeping, please check all that apply:**

Participant gets up during the night. If "yes" please explain (sleep walks, goes to the bathroom, wanders etc.)

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Participant has a specific night routine. (please explain)

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Participant has occasional nightmares

\_\_\_ Participant has a tendency to wet the bed (if "yes" how can this be prevented?)

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**Personal Care:**

What level of personal care does the participant receive at school? (mobility, meals, toileting, number of people required to assist, etc.)

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**Mobility:**

Participant walks:

\_\_\_ Unaided                      \_\_\_ With braces/crutches                      \_\_\_ Short distances only  
\_\_\_ Needs assistance with steps/slopes                      \_\_\_ Needs frequent breaks

Participant uses wheelchair:

\_\_\_ All of the time                      \_\_\_ Some of the time                      \_\_\_ For long distances

**Communication:**

Please describe participants' communication ability:

\_\_\_ speaks clearly  
\_\_\_ Uses sign language  
\_\_\_ uses communication device (if "yes", what type)  
\_\_\_ can print/write                      \_\_\_ can read  
    \_\_\_ minimal                      \_\_\_ minimal  
    \_\_\_ name                      \_\_\_ name  
    \_\_\_ simple words                      \_\_\_ simple words  
    \_\_\_ simple sentences                      \_\_\_ approximately at \_\_\_ grade level  
    \_\_\_ complex sentences

**Behavior, habits, interests:**

Is the participant on a specific behavior management plan? (if "yes" please explain, use extra sheet if necessary) \_\_\_\_\_

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Does the participant have any apparent emotional problems or bothersome behavior patterns? (If "yes," please explain)

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Does the participant have a tendency to wander away from a group? (If "yes", explain)

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Please explain the best method of discipline/management techniques, if necessary.

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**Other comments:**

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Indiana University's Outdoor Center