

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form Completed By:** \_\_\_\_\_ **Relationship to Participant:** \_\_\_\_\_

**Daily Living skills**

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

Is the applicant able to eat/drink independently?

1                      2                      3                      4                      5

Explain assistance necessary: \_\_\_\_\_  
\_\_\_\_\_

Is the applicant able to toilet himself or herself independently?

1                      2                      3                      4                      5

Explain assistance necessary: \_\_\_\_\_  
\_\_\_\_\_

Is the applicant able to dress/undress him or herself independently?

1                      2                      3                      4                      5

Explain assistance necessary: \_\_\_\_\_  
\_\_\_\_\_

Is the applicant able to ride in car/van safely?

1                      2                      3                      4                      5

Explain unsafe behaviors: \_\_\_\_\_  
\_\_\_\_\_

**Physical Development**

Does the applicant have a hearing or vision impairment? YES or NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Can the applicant maintain balance on their own? YES or NO  
If no, explain necessary assistance: \_\_\_\_\_  
\_\_\_\_\_

Can the applicant walk by him or herself? YES or NO  
If no, explain necessary assistance: \_\_\_\_\_  
\_\_\_\_\_

Can the applicant run without often falling? YES or NO

Does the applicant have effective use of all limbs? YES or NO  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please explain applicant's hand control (i.e. catching, picking up, throwing, lifting)?  
\_\_\_\_\_  
\_\_\_\_\_

**Communication**

What is the applicant's preferred method of communication? \_\_\_\_\_  
How does the child express  
happiness? \_\_\_\_\_  
anger? \_\_\_\_\_  
pain? \_\_\_\_\_  
hunger? \_\_\_\_\_  
fear? \_\_\_\_\_

Does the applicant respond when spoken to? YES or NO

How often does the youth use any of the following forms of communication:

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

Signing	1	2	3	4	5
PECS	1	2	3	4	5
Gesturing	1	2	3	4	5



Verbal            1                    2                    3                    4                    5

### **Self-Direction**

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

How easily does the applicant engage in activities?

1                    2                    3                    4                    5

How much encouragement does the applicant need to complete a task?

1                    2                    3                    4                    5

How long can the applicant maintain his or her attention? \_\_\_\_\_

Please list activities that may be reinforcing for the applicant: \_\_\_\_\_

\_\_\_\_\_

### **Social Skills**

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

Is the applicant considerate of others (i.e. consider other's feelings; shows interest in others; takes care of others' belongings)?

1                    2                    3                    4                    5

Does the applicant participate in games or group activities?

1                    2                    3                    4                    5

Does the applicant participate in community integration activities?

1                    2                    3                    4                    5



Explain usual behavior: \_\_\_\_\_  
\_\_\_\_\_

**Maladaptive Behavior**

(Always 5, usually 4, about half the time 3, seldom 2, Never 1)

Has the applicant ever displayed any aggressive behaviors?

1                      2                      3                      4                      5

Describe behaviors. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identifiable triggers? \_\_\_\_\_  
\_\_\_\_\_

Particular targets? \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have temper tantrums or a violent temper?

1                      2                      3                      4                      5

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant use threatening or offensive language?

1                      2                      3                      4                      5

How does the applicant react to frustration? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant demonstrate self-injurious behaviors?

1

2

3

4

5





Describe the behaviors. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the client display any self-stimulating behaviors?

1            2            3            4            5

Describe behaviors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant wonder or run away?

1            2            3            4            5

Describe incident(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe applicant's attitude toward authority. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the applicant respond to limitations, requests, or rules? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant display any trouble transitioning to a different activity?

1            2            3            4            5

Please explain behavior. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant display any repetitive behaviors (i.e. rocking, etc)?

1            2            3            4            5



# THE LEAGUE

*Youth Autism Services*

*ASAP  
Supplementary Application  
Assessment*

Please describe. \_\_\_\_\_

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Please include any other behavioral information you think The League should know before working with the applicant.

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Indicate if this is a 6 month monitoring: Yes \_\_\_ No \_\_\_. If so, please complete the following:

Goal (1): \_\_\_\_\_

Goals Reviewed: FT  IISS  TI

Status: Continue  Discontinue

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal (2): \_\_\_\_\_

Goals Reviewed: FT  IISS  TI

Status: Continue  Discontinue

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal (3): \_\_\_\_\_

Goals Reviewed: FT  IISS  TI

Status: Continue  Discontinue

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**THE LEAGUE**

*Youth Autism Services*

*ASAP  
Supplementary Application  
Assessment*

Reviewer Name \_\_\_\_\_ Title: \_\_\_\_\_  
Date of Review: \_\_\_\_\_

