

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?



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*ASAP
Supplementary Application
Assessment*

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



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Please describe. _____



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

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: _____



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Reviewer Name _____ Title: _____
Date of Review: _____

