



## CHECKERED DOOR ACADEMY PARTICIPANT INTAKE APPLICATION

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**Please select the program(s) that you are applying for:**

- Independent Mountaineers
- Agents for Change
- Social Navigators (Teen Program)
- Transition Pathfinders (Graduate Program)
- Summer Programming
- Person-Directed Planning
- Parent Workshops

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**Please select any additional programs that you may be interested in joining or learning more about:**

- |   |                          |
|---|--------------------------|
| Independent Mountaineers                  | Summer Programming       |
| Agents for Change                         | Person-Directed Planning |
| Social Navigators (Teen Program)          | Parent Workshops         |
| Transition Pathfinders (Graduate Program) | Other                    |



**PARTICIPANT APPLICATION - INTAKE**

Date

Last Name

First Name

Name of Parent, Guardian or Primary Care Support

Relationship to Applicant

Address

City

Postal Code

Phone (*home*)

Phone (*cell*)

Date of Birth (*YYYY/MM/DD*)

Primary Physician Name

Address

Phone

**Neurodevelopmental Disorder**

**Other Disorders**

Autism Spectrum Disorder		Visually Impaired	
Intellectual Development Disorder		Hearing Impaired	
Learning Disability		Epilepsy or Seizures <i>File additional form attached</i>	
Brain or Neurological Injury		Speech Difficulty	
Cerebral Palsy		Mobility Challenges	
Impulse Control		Medical Illness	
Other ( <i>specify</i> )		Physical Disability ( <i>specify</i> )	
Other ( <i>specify</i> )		Mental Health Disability ( <i>specify</i> )	

***Check all that apply.***



Allergies (*Please list clearly and describe possible reactions*)

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Do reactions require an Epi-pen?                      Yes                      No

Medication History/Management (*Please list medications and purpose of each medication*)  
*Please note, no medication (prescribed or OTC) can be dispensed without receipt of a completed  
 "Administration of Prescribed Medication" form, signed by a physician.*

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**Independent**

**Not independent**

Requires minimal supervision		Requires constant supervision	
Follows verbal instructions		Will wander or flight risk	
Can toilet independently		Needs assistance with toileting	
Able to feed independently		Needs assistance with feeding	
Can do up buttons / zippers		Needs assistance with buttons / zip	
Can communicate needs verbally		Cannot communicate verbally	

Additional Comments:

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**BEHAVIOURS** (Identify as **MI**-mild, **MOD**-moderate, **S**-severe)

Disruptive		Avoidant	
Self-Harm		Anxiety	
Aggressive – Verbal		Confusion	
Aggressive – Physical		Inattentive	
Defiant		Wandering / Pacing	



**BEHAVIOURS CONTINUED** (Identify as **MI**-mild, **MOD**-moderate, **S**-severe)

Impulsive		Relationship Boundaries	
Fearful		Grandiosity-Invincibility	
Eating Disorder		Loss of Control	
Stealing From Others		Other ( <i>specify</i> )	

Additional Comments:

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**PERSONAL INTERESTS** (*Check all that apply*)

Cooking / Baking		Dancing	
Crafts		Singing	
Reading		Computer / Tablet	
Art		Listening to Music	
Walking / Hiking		Musical Instruments	
Movies		Animals	
Sports		Outings	

Other:

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Please provide last IEP and related transition plans from school to assist with support planning. Other documentation such as Psycho-Educational Assessment or Functional Life Skills assessments that provide insight to learning profile should be included as well.

Additional Information:

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Name of Applicant/Participant

**Statement of Confidentiality and Release of Information Consent**

The information contained in this Participant Application/Intake Form is private and confidential and may be accessed by staff only with your signed consent. These records are intended to provide information for use in identifying barriers, needs, health and safety information and interests pertinent to the participation in Programs offered by Checkered Door Academy. Your signature of consent is requested to authorize the use of the information by staff and to provide their access to it.

I \_\_\_\_\_ consent to the release of the information provided in this document to the staff at Checkered Door Academy. I have been informed as to who will have access to my information and how it will be used. I have been informed that this information will remain private, secure and strictly confidential.

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Signature of Applicant/Participant, Parent or Guardian

Date

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Date of Case Conference

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Potential Start Date

**Disclaimer**

Although Checkered Door Academy accepts individuals with a wide range of special needs and are success focused, we reserve the right to terminate program/service agreements under the following circumstances:

- ▶ Concern for the safety of other participants and/or staff
- ▶ Consistent inability to follow program direction, interfering in the enjoyment of others