

Expressions of a Brave Heart

An opportunity for special needs youth & young adults to be creative

Expressions of a Brave Heart Fine Arts Program

Application/Participant Profile

A complete assessment of your participant's intellectual and social abilities will assist Program staff in providing necessary guidance and support in meeting their individual needs. A staff member may contact you to clarify some of the information provided in this application.

Participant name _____ Preferred name _____

Home Address _____ City/State _____ Zip code _____

Home phone () _____ Alternate/Cell () _____

Parent Name(s) _____ Email _____

Participant's Birthdate _____ Age _____ Sex (M/F) _____

Participant's greatest strength _____

Participant's Disability/Diagnosis _____

Please check all that apply

1. Social Abilities

____ Participates and plays well with others

____ Has some difficulty around other children and/or young adults

____ Prefers limited contact with others

____ Occasionally resents or resists group activity

____ Prefers solo activities

____ Shy, withdrawn does not participate

____ Engages in harmful behavior to others ----- ____ never ____*rarely ____*often

*Please explain _____

____ Engages in harmful behavior to self ----- ____ never ____*rarely ____*often

*Please explain _____

____ Destroys property ---- ____ never ____*rarely ____*often

*Please explain _____

___ Tantrums ----- ___ never ___ *rarely ___ *often

*Please explain _____

___ Sexual behavior; if of concern _____

___ What is your participant's understanding/acceptance of their limitations?

___ Full ___ Partial ___ Unclear

___ Who does your participant identify as friend? _____

___ What are possible anxiety triggers?

___ What helps /works best to calm tensions, anxiety, and/or frustration?

1. _____

2. _____

3. _____

2. **Need for Attention** ___ occasional ___ almost constant ___ constant

3. Communication- Expressive

___ uses speech, full and /or short sentences

___ clear, single words

___ difficult to understand

___ attempts words, unclear

___ non-verbal

___ uses sign language ___ uses gestures ___ has communication board

___ uses pictures

___ Does not outwardly appear to communicate

___ Vision : ___ no problem ___ wears glasses ___ partial vision ___ legally blind

4. Communication- Receptive (Comprehension)

___ Participant's hearing ___ very good ___ good ___ partial ___ deaf

___ understands most conversations ___ often ___ sometimes ___ never

___ understands most directions ___ often ___ sometimes ___ never

5. Perceptual ability

___ Visual ___ good ___ fair ___ limited

___ Fine Motor Coordination ___ good ___ fair ___ limited

___ Gross Motor Coordination ___ good ___ fair ___ limited

6. Mobility

- walks independently
- requires occasional assistance going upstairs or over uneven terrain
- requires direct assistance of one person while walking
- uses a wheelchair guides self needs to be pushed
- uses a walking aid Please specify _____

7. Activity Level

- very active, at times impulsive
- usually restless, hyperactive
- initiates activities
- shares interests with others
- engages willingly in most activities with minimal encouragement/supervision
- engages willingly in most activities with almost constant/constant encouragement/supervision
- engages in and completes activities of personal interest only
- wanders/runs away if unattended
- does not willingly participate in most activities
- What helps increase willingness to participate ? _____
- _____

8. Interests – check all that apply

- | | | |
|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Acting | <input type="checkbox"/> Music |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Jogging | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Singing | <input type="checkbox"/> | |
| <input type="checkbox"/> Horses | <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats |
| <input type="checkbox"/> other _____ | | |

- Favorite leisure activity _____
- Favorite type of music _____
- Favorite sport activity _____
- Favorite type of dance _____
- Favorite type of art/ craft _____
- Favorite TV show _____
- Favorite Movie _____
- Favorite book _____
- Does participant have any known fears? Please list _____
- _____

9. Food/Food Allergies

___ Favorite Foods _____

___ Specify Food allergies _____

Person completing form _____ Date _____

Relationship to participant _____

Parent name _____

Parent Signature _____ Date _____

*Return completed application to:
Sportsplex @ Opelika Parks and Recreation Department
John Huling, Assistant Director
P.O. Box 1026 Opelika, AL 36801

or,

Angie Colvin Burque, LCSW
Social Work Program
Department of Sociology, Anthropology and Social Work
Auburn University
7030 Haley Center Auburn, AL 36849

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Expressions of a BraveHeart Fine Arts Program is sponsored by Opelika Parks and Recreation and developed and facilitated by Auburn University faculty, students, and community volunteers.