



THE LEAGUE
FOR PEOPLE WITH DISABILITIES, Inc.
Putting Ability First

ASAP
Supplementary Application
Assessment

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 him/her self 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: _____

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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

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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

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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

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Describe the behaviors. _____

Does to 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

Please describe. _____

ASAP Supplementary Application Assessment

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: _____

Reviewer Name _____ Title: _____

Date of Review: _____