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**Participant Intake Form**

**Parent/Guardian Name:**

**Phone Number:**

**Email:**

**Adult Participant Name:**

**Adult Age:**

**Birthday (optional):**

**Please share with us a little bit about your adult’s specific interests, talents, work experience, etc.**

**Please share with us your adult’s needs and any specific information you would like. Do they require a physical or behavioral accommodation, or is there a specific diagnosis that you would like to share?**

**Does your adult have a history of elopement? If yes, please explain.**

**Aggression towards self or others? If yes, please explain.**

**Sensitivity to specific sensory stimuli or sensory aversions? If yes, please explain.**

**Any major triggers you would like us to know about?**

**What’s the best way to communicate with your adult?**

* **Are they verbal or nonverbal?**
* **Do they need simple sentences or one-step directions?**
* **Do they have a communication device, use ASL, or other means of nonverbal communication?**
* **Other:**

**Mobility level and any functional limitations:**

**Health Concerns (Allergies, Medical Restrictions, etc):**

**Any adaptive equipment used that will be sent with them to events?**

**What is the best way RMIC can help support your adult?**

**Anything else you would like us to know?**