

The following questions are designed to help us know where our clients are functioning at within our programs, and also give us a basis for measuring progress in a variety of areas. This information is important for us and our funders. Please complete all questions.

Please rate the client(s) using the following scale, circle the correct number for each statement.

1. Requires full assistance to complete/demonstrate the task
2. Requires prompting to complete/demonstrate the task
3. Completes/demonstrates the task without prompting
4. Independently completes/demonstrates the task in all settings and situations

	Name:	Name:	Name:	Name:
Chooses own bowling ball	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Gets bowling shoes from counter	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Finds assigned bowling lane	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Bowls when it's their turn	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Checks in at sign - in table	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Orders and pays for concessions	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Participates in assigned activity	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Initiates peer interactions	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Gets materials needed to complete task	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Is willing to try new things	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Gives and receives compliments	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Respects individual differences	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Assumes responsibility for self	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

RADD LIABILITY WAIVER:

As a consideration for being permitted to participate in activities sponsored by RADD, also known as the Cerebral Palsy Agency of Racine County, Inc., and/or using equipment, facilities or property of said establishment, such client(s) or user agrees to assume all liability for injury and/or damage resulting from such participation or use and further agrees to hold RADD free and harmless on account of any act of omission, commission or negligence on the part of RADD or any of their officers, agents, employees or volunteers.

RADD may photograph said client(s) together with any subject matter owned by the undersigned, and does so hereby authorize RADD to cause the same to be exhibited as still photographs, transparencies, motion pictures and/or television. The undersigned does hereby release RADD and its employees and agents from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claim based on the use of said material.

In the event of accident or sickness to said individual(s), the Director may obtain such medical, hospital or surgical assistance and service as he/she may deem necessary, and I/we here agree to pay such charges, indemnify RADD and hold same harmless for such charges. RADD may exchange any information it possesses relative to said individual(s) to any qualified agency or doctor, provided such information may be used for purposes of selection only.



Guardian / Caregiver

Date