

RADD

Recreational Activities for the Developmentally Disabled

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Youth Initial Assessment

Behavior Component

Please take the time to carefully answer all questions accurately and honestly to aid in placement and grouping for you child. This will also help us determine whether or not our youth programs will be a suitable match.

(√) any and all that apply to the applicant

Physical aggression toward others: Hitting Spitting Kicking Biting

Self-injurious behaviors: Hitting Biting Head banging

Verbal aggression: Yelling Cursing Name calling

Noncompliance: Refusal to participate Refusal to follow instructions

Refusal to transition amongst activities

Plopping on ground or other methods to avoid task completion

Exhibits a strong reaction to a change in his/her routine

Wander: Yes No

Destruction of property: Ripping Tipping Throwing objects

Self-stimulating: Rocking Jumping Repetition of words

Repetitive hand movements

Engages in inappropriate behavior related to an obsessive or favorite interest

Independence: Requires one on one supervision

Has one on one in school setting

Participates in a group of three or more

Communication: Consistently expresses his/her needs

Understands and follow simple directions

Verbal Non-verbal

Uses sign-language Requires a picture schedule

Uses an augmentive device Speech board

Manages emotions: Able to control temper

Reacts appropriate when frustrated

Peer relations: _____ Respects others personal space and social boundaries
 _____ Waits his/her turn in games or other activities

Does your child have a behavior intervention plan: _____ Yes _____ No

List any behavior strategies used at home or school, including successful reinforcers (i.e. verbal praise, a chance to do a favorite activity...): _____

List any calming techniques used upon agitation: _____

Skills Component

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 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

| Skill | Rating | Skill | Rating |
|--|---------|--|---------|
| Toilets self | 1 2 3 4 | Follows safety rules | 1 2 3 4 |
| Feeds self | 1 2 3 4 | Handles money/makes purchases | 1 2 3 4 |
| Bathes self | 1 2 3 4 | Participates in assigned activities | 1 2 3 4 |
| Dresses self | 1 2 3 4 | Initiates peer interactions | 1 2 3 4 |
| Tends to personal hygiene (i.e. brushing teeth, deodorant, etc.) | 1 2 3 4 | Gets materials needed to complete task | 1 2 3 4 |
| Makes the bed | 1 2 3 4 | Is willing to try new things | 1 2 3 4 |
| Prepares a simple snack | 1 2 3 4 | Gives and receives compliments | 1 2 3 4 |
| Uses acceptable table manners | 1 2 3 4 | Respects individual differences | 1 2 3 4 |
| Performs basic cleaning/chores (vacuuming, dusting, laundry, etc.) | 1 2 3 4 | Expresses thoughts, feelings, beliefs, and desires | 1 2 3 4 |
| Washes dishes | 1 2 3 4 | Assumes responsibility for self | 1 2 3 4 |