

Center for Life Development

Participant Assessment Form

Participant _____ DOB: _____

Initial Intake _____ (date)

Assessed by: _____ Start Date: _____

End Date: _____

GOALS and OBJECTIVES:

Initial Intake by SARC and Parent - check boxes on the right for up to 3 broad areas (i.e. Improve Maladaptive Beh) and within those broad areas check areas of need. MBHTC will assess and write the participant's current rating from 0 to 9 (0 = no skill; 9 = mastery of skill) into left hand boxes. MBHTC will fill out all areas for Initial Assessment; thereafter only fill out areas being addressed. Max 3 targeted goals. When review at 6 months, fill out right hand side boxes.

<input type="checkbox"/> Improve Maladaptive Behavior <input type="checkbox"/> Eats appropriately <input type="checkbox"/> Identifies own triggers <input type="checkbox"/> Patience & turn taking <input type="checkbox"/> Flexibility	<input type="checkbox"/> Personal care skills <input type="checkbox"/> Toileting/Continence <input type="checkbox"/> Hygiene <input type="checkbox"/> Feminin Hygiene <input type="checkbox"/> Self medicates	<input type="checkbox"/> Cognition <input type="checkbox"/> Follows direction(s) <input type="checkbox"/> Focus & attention <input type="checkbox"/> Observation/Recall <input type="checkbox"/> Understands <input type="checkbox"/> Problem solves
<input type="checkbox"/> Safety Skills <input type="checkbox"/> Safety boundaries <input type="checkbox"/> Food Storage/ handling <input type="checkbox"/> Safety Awareness <input type="checkbox"/> Spacial Awareness <input type="checkbox"/> Safety awareness horses <input type="checkbox"/> Safety awareness Vehicles	<input type="checkbox"/> Task or series of tasks completion <input type="checkbox"/> Organized environment <input type="checkbox"/> EFL Participation <input type="checkbox"/> Completing task(s)	<input type="checkbox"/> Attendance <input type="checkbox"/> Willing participant <input type="checkbox"/> Regular Attendee
<input type="checkbox"/> Communication Skills <input type="checkbox"/> Ability to communicate needs <input type="checkbox"/> Use of language (verbal/sign) <input type="checkbox"/> Observation of horse behavior	<input type="checkbox"/> Fine Motor <input type="checkbox"/> Latches, clips, buckles <input type="checkbox"/> Halter and reins <input type="checkbox"/> Drawing, writing skills <input type="checkbox"/> Other	<input type="checkbox"/> Social Skills <input type="checkbox"/> Interacts appropriately <input type="checkbox"/> Comm when frustrated <input type="checkbox"/> Cooperates appropriately <input type="checkbox"/> Responds to others feelin <input type="checkbox"/> Responsible behavior <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Sensitivity to Criticism
	<input type="checkbox"/> Gross Motor <input type="checkbox"/> Mount/Dismount <input type="checkbox"/> Up/down stairs, ramps <input type="checkbox"/> Ability w/Barn Chores <input type="checkbox"/> Segway/Trike Level <input type="checkbox"/> Areas of weakness, draw stick person & circle weakness	