

Impact Northwest
Club Impact Participant Questionnaire

(Completed by a person familiar with the participant's strengths and needs)

Rev: 5/25/16

Participants name: _____ Age: ____ DOB: _____

Person completing this form: _____ Date: _____

Your relationship to the participant: _____

Describe the participant's need for assistance and supervision by answering the following questions:

1. Can the participant be left alone for a period of time? Please explain.

2. Could the participant get lost in the community? If yes, please explain.

3. Does the participant have a history of running or leaving a group?

4. Does the participant have oppositional or defiance issues? Please explain.

5. Please describe other behavior issues we should be aware of.

6. Please describe any assistance the participant needs with bathrooming.

7. Does the participant take medications that will need to be administered during *Club Impact* activities? Please list here.

8. Some social club activities will require transportation to and from community locations. Please help us determine transportation needs by checking the following statements that are true and answering questions about the participants travel ability. The participant:

- a. travels independently on Tri-Met in the daytime.
- b. travels independently on Tri-Met at night.
- c. is familiar with many Tri-Met routes.
- d. is familiar with a few Tri-Met routes.
- e. can travel on Tri-Met with a trusted friend.
- f. can do Tri-Met travel plans.
- h. needs assistance learning a new Tri-Met route.
- i. needs travel training to learn a new Tri-Met route.
- j. has stranger or boundary issues. Please explain.

k. does not travel independently on Tri-Met. Please explain why.

l. is currently eligible for Tri-Met lift.

m. currently uses Tri-Met lift.

n. relies on parent/care provider for most transportation needs.

o. requires a vehicle equipped to transport a wheelchair.

9. Please describe additional transportation information or concerns.

10. To the best of your ability please describe the participant's disability.

11. Additional comments or concerns: