Get to Know You

HELP US SUPPORT THE WHOLE PERSON

This short form helps I.D.E.A. Workshop instructors prepare for a positive first class or workshop. A participant, parent, guardian or support professional may complete it.

ABOUT THE PARTICIPANT

Participant name

_____

_____

Age

_____

_____

Preferred name / nickname

_____

_____

Completed by / relationship

_____

_____

WHAT WOULD YOU LIKE TO EXPLORE?

- ■ Independent Living
- ■ Building & Making
- ■ Health, Social & Recreation
- ■ Technology & Accessibility
- ■ Community Outings
- ■ Cooking & Kitchen Skills
- ■ Creative & Job Skills
- ■ All Abilities Pickleball
- ■ Music / Performance

What is the participant most excited about?

_____

_____

_____

Top goals (independence, daily living, confidence, communication, social connection, job skills, movement or fun)

_____

_____

_____

Learning Preferences

HOW DOES THE PARTICIPANT LEARN BEST?

BEST WAY TO LEARN

- ■ Show me / visual demonstration
- ■ Tell me / verbal instruction
- ■ Hands-on / tactile cues
- ■ Let me practice
- ■ One step at a time
- ■ Repetition
- ■ Extra processing time
- ■ Written / picture steps

Anything else that makes learning easier or more enjoyable?

_____
_____
_____
_____

Favorite interests, topics, music, activities or motivators

_____
_____
_____
_____

Comfort, Communication & Support

HELP US CREATE A SUPPORTIVE LEARNING EXPERIENCE

COMMUNICATION

How does the participant communicate needs, choices, questions or discomfort?

_____
_____
_____
_____

Are shorter directions, repeated directions, visual cues or extra processing time helpful?

_____
_____
_____

SENSORY & EMOTIONAL COMFORT

Sensory preferences or sensitivities (noise, crowds, touch, lighting, smells or textures)

_____
_____
_____

What may cause frustration, anxiety or overwhelm?

_____
_____
_____

What helps the participant reset and return to the activity?

_____
_____
_____

Safety, Access & Success

INFORMATION THAT HELPS US PLAN APPROPRIATE SUPPORTS

SUPPORT

■ Support person will attend ■ Sometimes ■ Not needed / independent

If attending, how can the support person best help?

_____
_____
_____

MOVEMENT, ACCESS & PARTICIPATION

Vision, hearing, mobility, balance, fine-motor or equipment considerations

_____
_____
_____

Activities or movements to encourage, modify or avoid

_____
_____

HEALTH & SAFETY

Allergies, seizures, medical needs or emergency information relevant to participation

_____
_____
_____

Safety, supervision or support considerations instructors should know

_____
_____

A GREAT FIRST CLASS

What would make the first class or workshop feel successful?

_____
_____
_____

Thank you. Please also complete the full Participant Application before enrollment.