



# Freedom Ride Inc

1905 Lee Road, Orlando, FL 32810

Phone: 407-293-0411 / Please return originally completed forms to the office



## PARTICIPANT QUESTIONNAIRE

The following questionnaire is designed to give Freedom Ride information pertaining to each individual participant's behavior and ability. This will help us prepare lesson plans and assist you in attaining individual goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Name:

Age:

1. Briefly describe his/her disability:

2. What are the physical symptoms of the disability:

3. What goals do you hope he/she will achieve by participating in this program:

4. What other treatments or therapies has he/she undergone? Please specify when and for how long:

5. How would you describe his/her concentration, attention span and general awareness:

6. Would you characterize him/her as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted or extroverted:

7. Is he/she able to understand language? How does he/she communicate?

8. Is there a history of incontinence:

9. What positive reinforcements does he/she respond to:

10. Please use the rest of this sheet to indicate any other areas of behavior and personality that will help us best communicate, understand and work with him/her at Freedom Ride:

Signature:

Date: