Expressions of a Brave Heart

*An opportunity for special needs youth & young adults to be creative*

Expressions of a Brave Heart Fine Arts Program

**Application/Participant Profile**

A complete assessment of your participant’s intellectual and social abilities will assist Program staff in providing necessary guidance and support in meeting their individual needs. A staff member may contact you to clarify some of the information provided in this application.

Participant name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_

Home phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate/Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ Sex (M/F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s greatest strength \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Disability/Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply

1. **Social Abilities**

\_\_\_\_ Participates and plays well with others

\_\_\_\_ Has some difficulty around other children and/or young adults

\_\_\_\_ Prefers limited contact with others

\_\_\_\_ Occasionally resents or resists group activity

\_\_\_\_ Prefers solo activities

\_\_\_\_ Shy, withdrawn does not participate

\_\_\_\_ Engages in harmful behavior to others ----- \_\_\_ never \_\_\_\*rarely \_\_\_\_\*often

\*Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Engages in harmful behavior to self ------ \_\_\_ never \_\_\_\*rarely \_\_\_\_\*often

\*Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Destroys property ---- \_\_\_ never \_\_\_\*rarely \_\_\_\_\*often

\*Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Tantrums ----- \_\_\_ never \_\_\_\*rarely \_\_\_\_\*often

\*Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Sexual behavior; if of concern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ What is your participant’s understanding/acceptance of their limitations?

\_\_\_Full \_\_\_Partial \_\_\_\_Unclear

\_\_\_\_ Who does your participant identify as friend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ What are possible anxiety triggers?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ What helps /works best to calm tensions, anxiety, and/or frustration?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Need for Attention**  \_\_\_occasional \_\_\_\_almost constant \_\_\_\_constant
5. **Communication- Expressive**

\_\_\_ uses speech, full and /or short sentences

\_\_\_ clear, single words

\_\_\_ difficult to understand

\_\_\_ attempts words, unclear

\_\_\_ non-verbal

\_\_\_ uses sign language \_\_\_\_uses gestures \_\_\_\_has communication board

\_\_\_ uses pictures

\_\_\_Does not outwardly appear to communicate

\_\_\_Vision : \_\_no problem \_\_ wears glasses \_\_\_partial vision \_\_\_\_ legally blind

1. **Communication- Receptive (Comprehension)**

\_\_\_ Participant’s hearing \_\_very good \_\_\_ good \_\_\_partial \_\_\_ deaf

\_\_\_ understands most conversations \_\_\_often \_\_\_sometimes \_\_\_ never

\_\_\_ understands most directions \_\_\_often \_\_\_sometimes \_\_\_never

1. **Perceptual ability**

\_\_\_ Visual \_\_\_good \_\_\_fair \_\_\_ limited

\_\_\_ Fine Motor Coordination \_\_\_good \_\_\_ fair \_\_\_limited

\_\_\_ Gross Motor Coordination \_\_\_good \_\_\_ fair \_\_\_limited

1. **Mobility**

\_\_\_ walks independently

\_\_\_ requires occasional assistance going upstairs or over uneven terrain

\_\_\_ requires direct assistance of one person while walking

\_\_\_ uses a wheelchair \_\_\_ guides self \_\_\_\_needs to be pushed

\_\_\_ uses a walking aid Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Activity Level**

\_\_\_ very active, at times impulsive

\_\_\_ usually restless, hyperactive

\_\_\_ initiates activities

\_\_\_ shares interests with others

\_\_\_ engages willingly in most activities with minimal encouragement/supervision

\_\_\_ engages willingly in most activities with almost constant/constant

encouragement/supervision

\_\_\_ engages in and completes activities of personal interest only

\_\_\_wanders/runs away if unattended

\_\_\_ does not willingly participate in most activities

What helps increase willingness to participate ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Interests – check all that apply**

\_\_\_ Dance \_\_\_\_ Acting \_\_\_\_ Music

\_\_\_ Drawing \_\_\_\_ Cooking \_\_\_\_Writing

\_\_\_ Photography \_\_\_\_ Basketball \_\_\_\_ Soccer

\_\_\_ Gardening \_\_\_\_ Jogging \_\_\_\_ Reading

\_\_\_ Hiking \_\_\_\_Swimming \_\_\_\_ Movies

\_\_\_\_ Singing \_\_\_\_

\_\_\_\_ Horses \_\_\_\_ Dogs \_\_\_\_Cats

\_\_\_\_other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Favorite leisure activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Favorite type of music \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Favorite sport activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Favorite type of dance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Favorite type of art/ craft \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Favorite TV show \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Favorite Movie \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Favorite book \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Does participant have any known fears? Please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Food/Food Allergies**

\_\_\_Favorite Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Specify Food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Return completed application to: email-mail- or fax**

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