

NB: this form can be completed by participants (if own legal guardian) or their legal guardian. It is suggested that information may also be sourced from those whom have close contact with the participant (e.g., classroom teacher, partners, siblings, friends, carers or other significant others).

Guardian Contact Information (or participant if own legal guardian):

Name:	
Relationship to client:	
Phone:	
Mobile:	
Email:	
Postal Address:	

Participant Biographical Information:

Name:	
Date of Birth:	
Gender:	
Age:	
Diagnosis:	

Participant Education (if applicable):

School/Institution:	
Current Level:	
Strengths:	
Weaknesses:	
Describe how the participant socialises or interacts with other people in this setting	
Does the participant receive specialised assistance in this setting?	YES/NO.... if yes can you please provide a description of the support provided:

Participant Employment (if applicable):

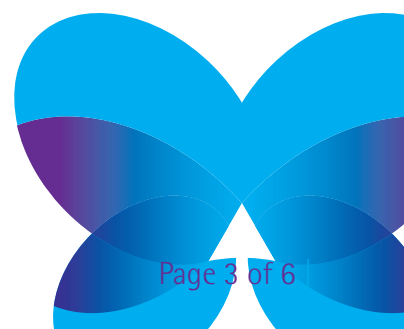
Place of Employment:	
Summary of Duties:	
Strengths:	
Weaknesses:	
Describe how the participant socialises or interacts with other people in this setting	
Does the participant receive specialised assistance in this setting?	YES/NO.... if yes can you please provide a description of the support provided:

Expressive Communication:	Very poor (below same-aged peers)	Average (current skills equal to same-aged peers)	Above Average (Skill above same-aged peers)
Asks questions appropriately			
Seeks help from others appropriately			
Says thank you			
Apologises when does something wrong			
Understands how their own behaviour(s) impacts on others			

Comments:

Receptive Communication:	Very poor (below same-aged peers)	Average (current skills equal to same-aged peers)	Above Average (Skill above same-aged peers)
Correctly understands verbal messages from other people			
Correctly understands non-verbal messages from other people			
Listens during a conversation			

Comments:



Other Information:

1. Has the participant ever had an IQ assessment? Yes/no

If yes:

i. What were the results?

Very poor (below same-aged peers)	Average (current skills equal to same-aged peers)	Above Average (Skill above same-aged peers)
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If No:

ii. What would you hypothesise the participant's general level of intelligence?

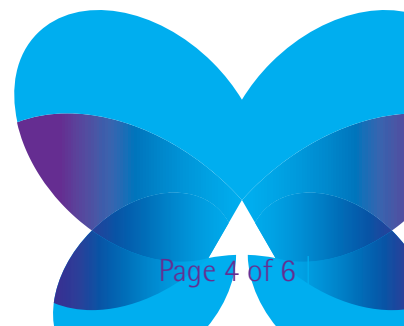
Very poor (below same-aged peers)	Average (current skills equal to same-aged peers)	Above Average (Skill above same-aged peers)
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2. Does the person experience heightened levels of anxiety? Yes/no

If yes:

i. What behaviours does this person use to indicate they are anxious?

ii. What are any known triggers to increased anxiety?



3. Does the participant show signs of depression? Yes/no

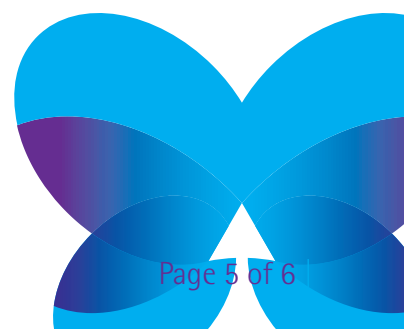
If yes:

i. What behaviours does this person use to indicate they are depressed?

ii. What are any known triggers to increase depression?

4. Please provide a summary of the participants overall challenges

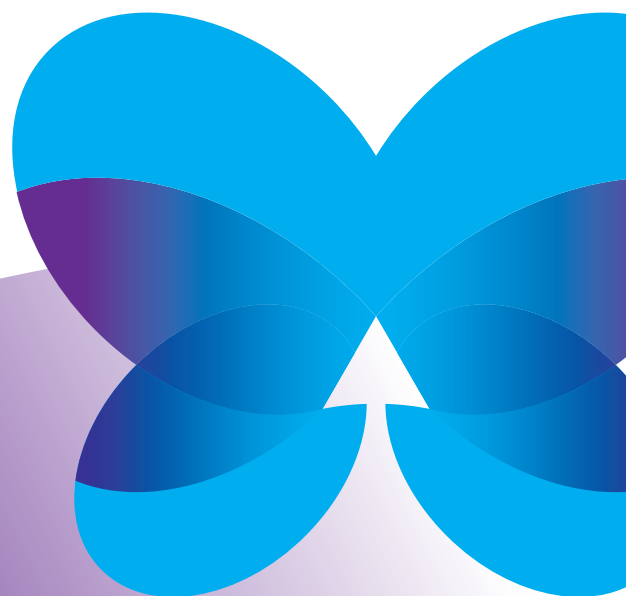
5. What are yours and/or the participant's goals for attending this programme?



6. Additional Comments that may be relevant for FABIC staff to be aware of:

7. Who has assisted in the completion of this form

Name	Relationship to participant



Contact

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