



SRJC 2025 Annual Information Form



In order to participate in SRJC programs, an Annual Information Form must be filled out completely and filed with SRJC or participation will be denied. **Forms must be completed at the beginning of the calendar year, whenever information changes, or if you are a new participant.** Return this form to SRJC 3000 W. Jefferson St., Joliet, IL 60435 or email to skolodziej@jolietpark.org or fax to 815-741-3082.

Participant Information (please print)

Name _____
Is participant his/her own guardian? Yes No
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Date of Birth _____ Gender M F
School/Place of Employment _____ Group Home/Residential Facility _____
Primary Disability _____ Secondary Disability _____

Medical Information

Current Medications (dose & frequency) _____
Allergies _____ Dietary Restrictions _____
Is participant subject to seizures? Yes No
Type & Frequency _____ Date of last seizure _____
If participant has Down Syndrome, has he/she been tested for Atlantoaxial instability? Yes No Cleared Yes No

Parent/Guardian Contact Information

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Phone # Home _____ Cell _____ Work _____
Email _____

Emergency Contact

Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Doctor _____ Phone _____
Doctor Restrictions _____

Insurance Carrier _____ Policy # _____ Group # _____
Name of Insured _____ Medicaid # _____

This information will be used in case of emergency when you cannot be reached.

Group Home Clients Only Please provide name and numbers other than your office phone.

Case Manager: _____ Work Phone _____ Cell Phone _____
Case Worker: _____ Work Phone _____ Cell Phone _____
Support Specialist: _____ Work Phone _____ Cell Phone _____
Evening/Weekend Contact: _____ Work Phone _____ Cell Phone _____
Other: _____ Work Phone _____ Cell Phone _____

If case managers, case workers, etc. change throughout the year, this form needs to be updated as soon as possible.

Sports Programs and Day Camp

T-shirt: **Child** S M L XL **Adult** S M L XL 2XL 3XL 4XL

Consent

Transportation Permission Yes No
Independent Departure Yes No (Participant is able to wait independently or go home on his/her own)
Publicity Photo Permission Yes No

Parent/Guardian Signature _____ Typing your name in this field will act as your signature. Date _____
Participant's Signature (over 21) _____ Typing your name in this field will act as your signature. Date _____

Daily Living Skills

Eating	<input type="radio"/> Eats independently	<input type="radio"/> Needs to be monitored	<input type="radio"/> Needs assistance Explain _____	
Bathroom	<input type="radio"/> Toilets independently	<input type="radio"/> Needs to be monitored	<input type="radio"/> Needs assistance Explain _____	
Dressing	<input type="radio"/> Dresses independently	<input type="radio"/> Needs some assistance	<input type="radio"/> Cannot dress independently Explain _____	
Mobility	<input type="radio"/> Walks independently	<input type="radio"/> Walks long distances	<input type="radio"/> Cannot walk long distances	
	<input type="radio"/> Uses manual wheelchair	<input type="radio"/> Uses motorized wheelchair	<input type="radio"/> Uses other devices for mobility Explain _____	
Communication	<input type="radio"/> Verbal: Speaks clearly	<input type="radio"/> Verbal: Difficult to understand	<input type="radio"/> Has difficulty expressing needs	<input type="radio"/> Gestures/points
	<input type="radio"/> Uses sign language	<input type="radio"/> Uses hearing devices/hearing aids	<input type="radio"/> Uses a communication board/schedule/pictures Explain _____	

Recreation

Bowling	Bowling Ramp <input type="radio"/> Yes <input type="radio"/> No			
Swimming	<input type="radio"/> Swims independently	<input type="radio"/> Can swim a little	<input type="radio"/> Cannot swim at all	<input type="radio"/> Extreme fear of water
	Explain: _____			

Interaction/Socialization Skills

Social Interaction	<input type="radio"/> Initiates social interaction on own	<input type="radio"/> Socializes with verbal prompting	<input type="radio"/> Avoids social interactions
	Explain: _____		
Prefers being	<input type="radio"/> Alone	<input type="radio"/> With peers	<input type="radio"/> With adults Explain: _____
Is most successful in	<input type="radio"/> Large groups	<input type="radio"/> Small groups	<input type="radio"/> Other Explain: _____
Responds better to	<input type="radio"/> Males	<input type="radio"/> Females	<input type="radio"/> Either Explain: _____
	Please list any sensory issues child/participant may have: _____		

Behavior/Conduct

Following directions	<input type="radio"/> Can follow directions independently	<input type="radio"/> Needs verbal prompting	<input type="radio"/> Needs step-by-step assistance	
	Explain: _____			
Check all that apply	<input type="radio"/> Short attention span	<input type="radio"/> Easily distracted	<input type="radio"/> Hyperactivity	<input type="radio"/> Tendency to wander off
	<input type="radio"/> Manipulative	<input type="radio"/> Verbal outburst	<input type="radio"/> Instigates behavior	<input type="radio"/> Self-abusive behaviors
	<input type="radio"/> Steals	<input type="radio"/> Tantrums/meltdowns	<input type="radio"/> Oppositional/defiant	<input type="radio"/> Physical aggression to others
List other inappropriate behaviors here: _____				

Interests

Favorite Activity _____ Favorite Food _____
 Least Favorite Activity _____ Favorite Color _____

Does the participant respond to specific behavior management techniques used at home, school or work? Yes No
 Explain: _____

Does the participant have unusual fears or concerns Yes No
 Explain _____

Reasons for participating (check all that apply)

- Physical activity/fitness
 Socialization/friendships
 Group interaction
 Creativity/self expression
 Self-esteem/confidence
 Responsibility
 Skill development
 Motor development
 Entertainment
 Fun!

Form filled out by _____ Relationship _____ Date _____
Please print name