



2026 Life Enrichment Program Assessment

Life Enrichment Program Schedule:

- Hours are 8:00 am-4:00 pm with direct programming occurring 9:00 am-3:00 pm
- Minimum of 2 days
- Please put the hours you plan on attending in the chart below

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Full days:					
Half days:					

Date of Assessment: _____

Participant Contact Information:

Name: _____
Nickname: _____
Date of Birth: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Does the participant have a legal guardian? Yes No

If yes, please list who the guardian is? _____

Emergency Contact Information (Primary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Secondary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

About the Participant:

Diagnoses:	
Medical Conditions:	
Medications:	
Do you take any medications during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need assistance with these medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the participant have allergies? Yes No **If yes, please list what kind?**

Medication:	
Food:	
Seasonal:	
Other:	

Does the participant have a history of seizures? Yes No

Date of last seizure:	
Frequency:	
Type – what to expect:	
Response Protocol:	

Does the participant have a special diet? Yes No **If yes, please describe:**

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Waiver/Funder Contacts:

What is your current waiver funding? IRIS CLTS MyChoice Community Care N/A

If you have waiver funding, please provide contact name for IRIS Consultant, Family Care Case Manager or CLTS Case Worker:

Name: _____
Work Phone: _____
Email: _____

Has the participant ever been dismissed or suspended from any program? Yes No
 If yes, please state the circumstances and date(s)?

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Independent Living & Self Care

I can be at home alone longer than 2 hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I do chores such as making my bed and taking out trash <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I take showers/baths daily without reminders <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I help my family with grocery shopping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know how to handle money/make change <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can prepare a lunch or snack <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I dress appropriately for the weather <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can prepare a lunch or snack <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I currently feel like I eat healthy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can eat independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I exercise regularly, # of days a week	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need to be more active and would like an exercise plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can do my own laundry <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have basic cooking skills <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GOAL:		

Technology/Communication

I can type and use a computer keyboard <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use any assistive devices to communication with people	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use the computer to play games and listen to music	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use a cell phone to talk or text others <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use assistive technology to access computer programs/phones	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GOAL:		

Behavior/Self-Advocacy

I am sensitive to noisy environments or bright lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use an appropriate tone of voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am comfortable starting a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give personal space to the people around me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I display appropriate behaviors in public	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If I don't understand directions, I ask for help	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need 2 or less prompts to stay on task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I become frustrated or anxious easily	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I interrupt and can dominate a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can follow simple directions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a difficult time putting down my phone or tablet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I ask for help or speak up when I don't understand something	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GOAL:		

Interests: I enjoy participating in the following activities (please check all that apply):

<input type="checkbox"/> Music	<input type="checkbox"/> Theatre	<input type="checkbox"/> Movies	<input type="checkbox"/> Cooking	<input type="checkbox"/> Art
<input type="checkbox"/> Legos	<input type="checkbox"/> Exercise	<input type="checkbox"/> Sports	<input type="checkbox"/> Baking	<input type="checkbox"/> Hiking
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dancing	<input type="checkbox"/> Pickleball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Board Games
<input type="checkbox"/> Special Olympics (please specify):				
<input type="checkbox"/> Other (please specify):				

Getting to know you:

What are your hobbies and interests? How do you spend your free time?

Do you prefer to be alone or with others? Large groups or small groups?

How do you respond to frustration or anger? What causes you to become frustrated or angry?

What are some ways Journey21 staff can help you when you are frustrated or anxious?

What do you currently do in the community? Who do you go with?

What types of social/leisure activities do you enjoy doing?

Who do you live with?

Guardian/Parent Signature: _____ **Date:** _____

Print Name: _____

Signature of Participant: _____ **Date:** _____

Print Name: _____