

# Support and Assistance Questionnaire (SAQ)

Town of Superior in Partnership with Out & About

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This SAQ is designed to help us gain a better understanding of your child's needs and strengths and to help us identify the specific supports and assistance that may be needed for your child to safely and successfully participate in recreational activities.

Please turn completed form in to Bryan Meyer at the Superior Parks and Recreation Office (127, E. Coal Creek Drive) or email [bryanm@superiorcolorado.gov](mailto:bryanm@superiorcolorado.gov) at least 2 weeks prior to the program's start date. After receiving the completed SAQ, a Town of Superior Parks and Recreation Department staff member will review it and then contact you to help clarify any information on the form, answer any questions you may have and determine the next step in the process.

SAQ information may be shared with consultants from Out & About in order to evaluate the information provided, but otherwise will remain confidential.

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Child's Name: \_\_\_\_\_

Diagnosis:

Check all that apply and/or write in any other disability not listed:

- |  |  |
|--|--|
| <input type="checkbox"/> Attention Deficit Disorder    | <input type="checkbox"/> Intellectual Disability       |
| <input type="checkbox"/> Learning Disability (specify) | <input type="checkbox"/> Spinal Cord Injury            |
| <input type="checkbox"/> Muscular Dystrophy            | <input type="checkbox"/> Behavioral Disorder (specify) |
| <input type="checkbox"/> Asperger's Disorder           | <input type="checkbox"/> Multiple Sclerosis            |
| <input type="checkbox"/> Mental Illness (specify)      | <input type="checkbox"/> Traumatic Brain Injury        |
| <input type="checkbox"/> Spina Bifida                  | <input type="checkbox"/> Cerebral Palsy                |
| <input type="checkbox"/> Autism                        | <input type="checkbox"/> Down's Syndrome               |

Other: \_\_\_\_\_

Medical Information:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_



*The Gateway to Boulder Valley.*



Please check all that apply:

- Allergies (specify)
- Ear Tubes
- Scoliosis
- Arthritis G-Tube
- Epilepsy
- Shunt
- Asthma
- Glasses
- Tracheotomy
- Atlantoaxial Subluxation
- Hearing Aid
- Vision Impairment
- Catheter
- Hearing Impairment
- Diabetes
- Heart Condition
- Diet Restrictions
- High Blood Pressure
- Other: \_\_\_\_\_

Please provide specific information for medical conditions we should be aware of (allergies, activity restrictions, etc.):

Does your child have seizures? \_\_\_Yes \_\_\_No

If yes, how often? \_\_\_\_\_

Is there a protocol in place? \_\_\_Yes \_\_\_No

If yes, please attach or use space below to provide specific protocol.

MEDICATION(S):

TYPE	DOSAGE	TIME	WHY

## II. Skill Assessment

Place a check next to each statement that applies. Please use the comment section to identify additional skills and/or areas of difficulty.

### A. Dressing (putting on, taking off clothing)

- Needs total physical assistance with dressing, undressing
- Needs some physical assistance with dressing, undressing
- Dresses, undresses with verbal directions
- Dresses, undresses independently
- Ties own shoelaces

Comments/Areas of difficulty:

### B. Eating/Drinking

- Takes pureed/soft foods from a spoon
- Drinks from a cup with assistance
- Drinks from a cup independently
- Able to chew semi-solid food
- Finger feeds if food is pre-cut
- Able to use straw to drink
- Able to grasp; use spoon
- Able to unwrap, open containers
- Able to open drink containers
- Requires no assistance

Comments/Areas of difficulty:

### C. Personal Care (toileting, washing)

- Wears undergarment (Attends, Depends)
- Shows discomfort in being wet
- Indicates need to use toilet (gives advance notice)
- Uses toilet with physical assistance (needs help wiping, etc.)
- Uses toilet with verbal direction
- Uses toilet independently
- Washes hands with physical assistance
- Washes hands with verbal direction
- Washes hands independently

Comments/Areas of difficulty:

### **C. Communication**

- Communicates needs/wants with gestures or other non-verbal behavior
- Communicates needs/wants with basic sign language
- Communicates needs/wants with word symbol board or similar device
- Communicates needs/wants with one or two statements
- Communicates through partial or complete spoken sentences
- Speaks clearly, can usually be understood
- Able to recall and relate information accurately
- English as primary language
- Spanish as primary language
- Bilingual; Indicate languages: \_\_\_\_\_

Comments/Areas of difficulty:

### **D. Receptive Language**

- Reacts or responds to various sounds
- Able to distinguish between different sounds
- Recognizes own name when called, spoken to
- Responds appropriately to simple one-step directions (within capabilities)
- Responds appropriately to two or three step directions (within capabilities)
- Responds appropriately to directions given collectively to a small group of participants
- Responds appropriately to directions given collectively to a larger group (6 or more)
- Asks questions if unsure or needing more information

Comments/Areas of difficulty:

### **E. Mobility**

- Walks with full physical assistance
- Walks with some physical assistance
- Walks independently
- Able to maintain balance over uneven surfaces
- Walks up/down steps with physical assistance
- Walk up/down steps independently
- Able to walk continuously for 15 or more minutes
- Able to maintain balance while running
- Able to safely utilize a school-age playground

Comments/Areas of difficulty:

**F. Mobility for wheelchair/walker/crutch use (please circle which utilized)**

- While lying on a mat, is able to roll-over
- Able to crawl or scoot short distance
- Able to sit on floor/mat unsupported
- Uses a manual wheelchair
- Uses a motorized wheelchair
- Uses a walker or crutches
- Wheels self in wheelchair short distance
- Wheels self in wheelchair longer distance
- Able to transfer in/out of wheelchair with assistance
- Able to transfer in/out of wheelchair independently
- Able to negotiate minor barriers (doors, sloped surfaces, etc.)

Comments/Areas of difficulty:

**G. Motor Coordination**

- Follows movement of objects with eyes
- Able to reach toward objects
- Able to touch, grasp objects
- Able to release a grasped object when directed
- Able to transfer object from one hand to another
- Able to catch ball rolled
- Able to catch ball bounced
- Able to catch a ball tossed from a short distance
- Able to kick a stationary ball
- Able to kick a rolling ball

Comments/Areas of difficulty:

**H. Social Skills**

- Demonstrates awareness of others
- Responds to interaction of others
- Aware of personal space, maintains appropriate distance
- Will initiate interaction with others
- Will play/interact cooperatively with another participant
- Will play/interact cooperatively with a small group of participants
- Able to identify and take responsibility for personal belongings
- Aware of safety concerns when out in the community (traffic, staying with group, etc)
- Manages frustration, controls anger
- Able to adjust to changes in routine

Comments/Areas of difficulty:

What (if any) situations are likely to cause upset? Is your child at risk for elopement (running off) when upset?

Has this child ever shown aggression toward another person (peer, teacher, care giver, community member)? Please explain what this looks like (hitting, kicking, biting, pushing, etc).

Please identify any techniques used at home, school or other programs that successfully address the above challenges:

**I. Activity Skills, Leisure Interests**

- Participation in activities requires much prompting/assistance
- Participation in activities requires some prompting/assistance
- Participation in activities requires little prompting/assistance
- Will participate in an activity of interest; 05 min. 010 min. \_015 min.
- Understands directions (left, right, over, under)
- Understands concepts of time
- Understands basic number concepts
- Able to count out one dollar bills with assistance
- Able to count out one dollar bills independently
- Able to use larger denominations of money with assistance
- Able to use larger denominations of money independently
- Able to count coins with assistance
- Able to count coins independently
- Able to read one word at a time
- Able to read a basic level book
- Able to write basic sentences
- Identifies colors
- Able to work a simple puzzle
- Will indicate an activity preference
- Will sit and watch a video/program for 30 minutes or longer

Comments/Areas of difficulty:

## **J. Swimming**

- Non-swimmer, requires individual attention in water
- Non-swimmer, navigates shallow water independently
- Puts face in water
- Will submerge entire head under water
- Can float on front
- Can float on back
- Swims short distance in shallow water
- Able to swim in deep water

Comments/Areas of difficulty:

## **L. Sensory Integration**

- Refuses or resists messy play
- Is bothered by rough or itchy clothing
- Has a high pain tolerance
- Engages in behaviors that appear self abusive (hitting head, pulling hair)
- Avoids swinging, spinning or rotating (typical playground movements)
- Seeks out/ craves swinging, spinning, rocking or rotating motions
- Has difficulty remaining still for short lengths of time
- Frequently jumps, stomps, crashes into things
- Seeks out deep pressure (asking for bear hugs, squeezes, bites hand/arm)
- Often bumps into things/trips when walking
- Frequently covers ears, is easily startled by loud sounds
- Is easily distracted/bothered by ambient noise
- Seeks out loud music/sounds
- Has extreme food preferences and limited repertoire
- Has difficulty with sucking, chewing, swallowing
- Licks, tastes or chews on inedible objects
- Easily nauseated by smells
- Does not notice noxious odors
- Is irritated by sunlight or bright lights
- Is easily distracted by visual stimuli
- Typically avoids eye contact

Comments/Areas of difficulty:

### III. Participant Interests

(Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Outdoor activities | <input type="checkbox"/> Walking          | <input type="checkbox"/> Photography       |
| <input type="checkbox"/> Cards              | <input type="checkbox"/> Radio/Music      | <input type="checkbox"/> Volunteer Work    |
| <input type="checkbox"/> Exercise           | <input type="checkbox"/> Drawing/painting | <input type="checkbox"/> Drawing           |
| <input type="checkbox"/> Pets/Animals       | <input type="checkbox"/> Watching TV      | <input type="checkbox"/> Video Games       |
| <input type="checkbox"/> Games              | <input type="checkbox"/> Parties/Social   | <input type="checkbox"/> Individual Sports |
| <input type="checkbox"/> Shopping           | <input type="checkbox"/> Reading          | <input type="checkbox"/> Fishing           |
| <input type="checkbox"/> Travel/Trips       | <input type="checkbox"/> Watching Movies  | <input type="checkbox"/> Gardening         |
| <input type="checkbox"/> Crafts             | <input type="checkbox"/> Conversation     | <input type="checkbox"/> Team Sports       |
|   | <input type="checkbox"/> Writing          | <input type="checkbox"/> Hobbies           |

What are your child's three favorite indoor activities?

What are your child's three favorite outdoor activities?

Is there anything else you would like us to know in order to help us support your child?

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Please print and sign your name below to indicate that you are the person responsible for the information provided in this form and that it is complete, current and accurate:

Print name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your time in completing this questionnaire. A staff member will be in touch soon.

- Town of Superior Parks, Recreation and Open Space Department

Please turn completed form in to Bryan Meyer at the Superior Parks and Recreation Office (127, E. Coal Creek Drive) or email [bryanm@superiorcolorado.gov](mailto:bryanm@superiorcolorado.gov) at least 2 weeks prior to the program's start date.