



55, rue Dupras, local 511  
 LaSalle QC H8R 4A8  
 Phone: 514-367-3757  
 Fax: 514-367-0444

Participant's name: \_\_\_\_\_

The participant...	No	Yes	Physical assistance	Verbal assistance
Walks over a long distance				
Can get dressed				
Can get undressed				
Sits for the duration of the meal				
Goes to the toilet alone				
Indicates his/her need to go to the toilet				
Can pay attention and concentrate				
Has the sense of time				
Knows his/her schedule				
Groups colours and shapes				
Replies to his/her name				
Asks for help or assistance				
Understands and uses verbal language				
Understands and uses non-verbal language				
Expresses his/her needs (hunger, thirst, agreement, disagreement...)				
Expresses his/her feelings (happy, upset...)				
Tolerates frustration				
Resists changes				
Engages in self-stimulation				
Engages in self-mutilation				
Is aware of danger				
Reacts to pain				
Can be aggressive				
Comes into contact with adults				
Comes into contact with children				
Accepts physical contacts				
Is able to establish eye contact				
Is conscious of others				
	Objects	Photos	Pictograms	Words
Uses a schedule				

Form filled out by (name): \_\_\_\_\_  
 Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Please send us the form by fax at 514-367-0444. Thank you!**

Email: [info@corporationespoir.org](mailto:info@corporationespoir.org)

