**🧠 Functional Abilities & Daily Living**

1. **What is the Participant’s NAME | AGE | CITY:**
2. **Diagnosis:**
3. **Mobility:** Can participant navigate stairs independently or with minimal assistance?
4. **Personal Care:** Do they manage personal hygiene and daily living tasks on their own, or do they need assistance with tasks like using the washroom?
5. **Communication:** How do they typically communicate—verbally, with assistive devices, or through other means?
6. **Behavioral Considerations:**

**🎯 Program Readiness & Motivation**

1. **Interest in Participation:** Has the participant expressed a desire to join ThriveAbility? If not, why would you like them to join ThriveAbility?
2. **Goals:** What are their personal goals for joining a day program (e.g., gaining work experience, social interaction, skill development)?
3. **Structure and Routine:** How do they respond to structured routines and following instructions?
4. **Past Experiences:** Have they participated in similar programs or group activities before? If so, what past or present programs did they attend?

**🧩 Support Needs & Supervision**

1. **Assistance Requirements:** Do they require one-on-one support throughout the day? If not, what is their support ratio, 1:4, 1:6, 1:12?
2. **Medical Needs:** Are there any medical conditions or medications we should be aware of?
3. **Behavioral Plans:** Do they have an Individualized Education Plan (IEP), Behavior Support Plan, or similar documentation?

**🏠 Environment & Logistics**

1. **Transportation:** How will the Participant travel to and from the program?
2. How many days per week does the Participant want to attend a day program?
3. What is the best number to reach you on to set up an enrollment meeting?