



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

REPORT CONCERNING A NEW PARTICIPANT

To be filled out by the participant's educator, social worker or teacher

Participant's name: _____

The participant/staff ratio required for the participant: _____

1. The participant's social behaviour: _____

2. The participant's behaviour towards authority: _____

3. Recommended interventions when unacceptable behaviours occur:

4. The participant's reaction to instructions: _____

5. Points not to be overlooked with respect to this participant: _____

6. How does the participant perform his/her tasks (getting dressed or undressed, moving about, eating, etc.)?

Slowly

Normally

Quickly

Form filled out by (name): _____

Title: _____ Telephone: _____ Ext.: _____

Date: _____

Please send us the form by fax at 514-367-0444. Thank you! La Corporation L'Espoir.