

## Additional needs assessment

This form is used to help the team at Stubbers Adventure Centre to create an activity programme that is best suited to the needs of your adventurers.

*Please note, due to the nature of adventure activities, some activities have pre requisite skills which will need to be taken into consideration when planning the day. Participation in activities may be adapted or changed in line with the needs of the adventurer. However, we will work with you to accommodate adventurers' needs wherever possible and aim to maximise engagement, participation and success for all adventurers.*

<b>Adventurer name:</b>	
Visit Date and Reference Number:	
<b>Visiting</b> Group Name:	
<b>DOB:</b>	<b>Male / Female</b>
<b>Does the adventurer have a medical diagnosis?</b>	
<b>Does the adventurers have an EHCP (Education, Health and Care Plan) or statement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional needs</b>	
<b>Primary need</b>	<input type="checkbox"/> Communication and Interaction <input type="checkbox"/> Cognition and Learning <input type="checkbox"/> Social, emotional and mental health <input type="checkbox"/> Sensory and physical
<b>Notes:</b>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound and Multiple
<b>Secondary need</b>	<input type="checkbox"/> Communication and Interaction <input type="checkbox"/> Cognition and Learning <input type="checkbox"/> Social, emotional and mental health <input type="checkbox"/> Sensory and physical
<b>Notes:</b>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound and Multiple
<b>Name of person completing form:</b>	
<b>Contact details:</b>	Phone:
	Email:
<b>Relationship to adventurer:</b>	

## Additional needs assessment

### 1. Interests:

What does the adventurer enjoy? What activities motivate them?	
When engage in an activity they enjoy, what is the adventurers' level of attention?	<input type="checkbox"/> Only briefly <input type="checkbox"/> For 5 minutes or more <input type="checkbox"/> Is generally attentive <input type="checkbox"/> Retains attention in spite of distractions
What does the adventurer <i>not</i> enjoy?	

### 2. Vision, Hearing and Communication

Does the child have any known visual difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Glasses worn
If yes, please give further details including any aids used.	
How would you describe the adventurers hearing?	<input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor
Is a hearing aid worn?	<input type="checkbox"/> In one ear <input type="checkbox"/> In both ears <input type="checkbox"/> No
Please describe how the adventurer currently communicates.	
Please indicate which of the following methods the adventurer uses, giving examples of where these are use where applicable.	
<b>Yes</b>	<b>Used for</b>
<input type="checkbox"/> Facial expression	
<input type="checkbox"/> Use of visuals/pictures	
<input type="checkbox"/> Eye-Gaze	
<input type="checkbox"/> Gesture	
<input type="checkbox"/> Vocalisation (sounds)	
<input type="checkbox"/> Speech	
<input type="checkbox"/> Spelling / text	
<input type="checkbox"/> Signs	
If signs are used is there an adult who can translate for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### 3. Medical

Does the adventurer have any medical needs or considerations that we need to know in reference to adventure activities?	
Does the adventurer have any supporting medical equipment?	

### 4. Equipment and mobility

Does the Adventurer use any equipment to help their mobility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is used including any relevant information?	

### 5. Activity Specific

Some of the activities at Stubbers require pre requisite skills.		
Can the adventurer:	Self-support in a sitting position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Independently complete tasks? <i>(E.g. undo a clip or operate a lever)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow 2 to 3 key word instructions (Such as in an emergency)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Transfer from a wheel chair if used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What level of understanding does the adventurer have with regards to personal safety and risk assessment?	<input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor	
What level of supervision and support is required for the adventurer?	<input type="checkbox"/> No additional requirements <input type="checkbox"/> Shared support with another adventurer <input type="checkbox"/> One to one	

### 6. Accompanying Adult (If applicable)

Name:	
Relationship to Adventurer:	

***Once completed please email this form to [info@stubbers.co.uk](mailto:info@stubbers.co.uk) and contact the centre to speak to us about your activity programme on 01708 224 753.***

## Additional needs assessment

**Activity plan:**

In this section we will record a plan we make together to aid the suitability of your activity programme.

*To be completed by a member of Stubbers staff.*

<b>Stubbers staff member completing form</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Date of completion:</b>	

Stubbers Activity:	Adaptations:	Notes: