

Project Art Works: Pre-workshop Participant Questionnaire to be completed by participants with parents, support workers and/or teachers

Please complete this form with the participant you support

Participant First Name:	Participant Surname:	Date of Birth:	Sex (M/F):
<p>Contact Address: </p> <p>Telephone no:.....</p>			
<p>Likes and 'Things I do when I'm happy'</p>	<p>Dislikes and 'Things I do when I'm unhappy'</p>		
	<p>How can we help when you feel unhappy?</p>		
<p>My disability: things you need to know (please be as detailed as possible)</p>			
<p>Other medical conditions that affect me (Please list specific physical needs, access and mobility requirements, if you use a wheelchair, wear glasses or a hearing aid, have any allergies)</p>			

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What do you do when you want people to understand you?

(Please mention any **specific communication needs**- talking, signs, gestures, Makaton, use of images etc.)

Things that make me feel anxious:

(Please list any known behavioural triggers)

(Please list any known intolerances to sound, light, space)

Parent/Support workers' name:

Parent/Support workers' signature: **Date:**.....

To ensure confidentiality, one copy to be held by Project Art Works for the duration of the collaboration period.