

Out and About Pre-Event Form

Event Details

Event Name: _____

Date & Time: _____

Location: _____

Event Description: _____

Items Needed: _____

Special Event Considerations: (Such as possible environmental, social or financial concerns)

Participant Information

Person Served: _____

Home Address: _____

Contact Phone Number: _____

Service Coordinator & Team Manager: _____

Participant Considerations

Does this individual use a wheelchair, walker or other assistive technology? YES____ NO____

(If so, what type?)

Are there any specific medical issues to keep in mind while out and about in the community? (Please explain. Such as medications, allergies, unsteady gait, poor hearing or eyesight)

YES____ NO____

Are there any behavioral issues to keep in mind while out and about in the community? (Please explain. Such as wandering away from the group, hyper-sensitivity to stimuli, situational anxiety, ect)

YES____ NO____

Additional notes, tips or helpful hints:
