



Autism Empowerment
Accept Enrich Inspire Empower



Autism Serves Kids Care Individual Youth Profile (IYP)

Importance of the IYP

*Allows volunteers to encourage and promote success through each youth's strengths and special interests.

*Helps volunteers to better understand each youth's strengths and challenges.

*Promotes inclusion and acceptance for all youth.

*Assists volunteers to Accept, Enrich, Inspire and Empower each youth during service activities.

Youth Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Parent email _____

Male ____ Female ____ Date of Birth _____ Grade ____ School _____

Favorite Color _____ Game _____ Hobbies / Passions _____

Who else is in the family? _____

How does your child learn best? Visual _____ Verbal _____ Hands-On _____ Combo _____

Additional learning style details: _____

What are your child's **strengths**? _____

Does your child have allergies? No _____ Yes _____ If Yes: _____

Take any medications? No _____ Yes _____ If Yes: _____

Any Special Diets? No _____ Yes _____ If Yes: _____

Any foods to be avoided? No _____ Yes _____ If Yes: _____

Any sensory challenges around food No _____ Yes _____ If Yes: _____

Suggestions regarding food challenges: _____

Please use the back of paper to provide additional details as applicable.

Individual Youth Profile (IYP) - page 2

Name _____

Please use the back of paper to provide additional details as applicable.

Any sensory challenges around sound? No _____ Yes _____ If Yes: _____

How can we help with sound challenges? _____

Any sensory challenges around smell? No _____ Yes _____ If Yes: _____

How can we help with smell challenges? _____

Any sensory challenges around sight? No _____ Yes _____ If Yes: _____

How can we help with visual challenges? _____

Any sensory challenges around touch? No _____ Yes _____ If Yes: _____

How can we help with touch challenges? _____

Any challenges around motor skills / dexterity? No _____ Yes _____ If Yes: _____

How can we help with dexterity challenges? _____

Any communication challenges? No _____ Yes _____ If Yes: _____

Suggestions around communication? _____

What makes your child upset? Emotional or sensory triggers? _____

How does your child self-regulate when excited or feeling distressed? _____

What does it look like when your child has sensory challenges? Shutdown _____ Meltdown _____ None _____

How does your youth recover and are there any tools to assist (fidget, weighted blanket, etc?) _____

Other things you would like to share: _____

For more information, please contact us at:

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