Description et identification des participants (ajoutez des lignes au besoin)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant**  | **Âge** |  | **Nature de l’incapacité** | **Jumelage** | **Quel est le ratio demandé / besoin d’accompagnement****1/1** **1/2** **1/3** **1/4****Autre (précisez)** |
| Intellectuelle | Trisomie 21 | Physique (spécifier)-motrice-visuelle-auditive-dyspraxie | Trouble du langage et de la parole | Trouble du spectre de l’autisme | Trouble de santé mentale | Autre (précisez) | Oui | Non |
| 1 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 2 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 3 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 4 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 5 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 6 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 7 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 8 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 9 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 10 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 11 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 12 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 13 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 14 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 15 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 16 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 17 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 18 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 19 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 20 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 21 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 22 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 23 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 24 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
| 25 |       | [ ]  | [ ]  |       | [ ]  | [ ]  | [ ]  |       | [ ]  | [ ]  |       |