Inclusion Profile

ALL *participant information will ONLY be shared with recreation staff and/or volunteer Coach.*

Program: Summer Fun Camp
Program Hours: Monday through Thursday, 7:30am-5:30pm
Site: _____
Dates/Sessions: June 28, 2021 through July 29, 2021
Instructor: N/A
Staff Liaison Shannon George

Participant's Name: _____
First Middle Last

Address: _____

Phone: (home) _____ (work) _____

Sex: M _____ F ____ Date of Birth: ____/____/_____ Age: _____

Condition/Disability: _____

Complete the following if participant is a minor.

Parent/Guardian Name: _____

Address: _____
Street City Zip

Day Phone: _____ Evening Phone: _____

Emergency Contact Name: _____ Phone: _____
(Closest relative/friend not living with you)

School Attending: _____ Teacher's Name: _____

<u>Does participant use/wear any of the following?</u> (Please check all that apply.)

☐	Glasses	☐	Hearing aid	Other/comments:	
☐	Contact lens	☐	Orthopedic devices		
☐	Prosthetic devices	☐	Dentures		
☐	Wheelchair	☐	Crutches/cane		

Assistance with Mobility: (Please check all that apply.)

☐	Total independent mobility (can walk/run without assistance)
☐	Walks independently
☐	Occasionally needs assistance of another person
☐	Always needs assistance of another person
☐	Tires easily
☐	On flat surfaces only
☐	Can walk but uses braces/crutches/cane
☐	Walks with braces/crutches, uses wheelchair for long distances
☐	Uses a wheelchair for all mobility
☐	Manual chair
☐	Power chair
☐	Transfers independently
☐	Transfers with assistance (type of assistance needed:)
☐	Does not transfer

Comments:_____

Transportation Issues: (Please check all that apply.)

Is a lift-equipped vehicle needed for transportation? Yes ☐ No ☐

If so, can you (or your child) be manually transferred to a seat on a bus or van?
Yes ☐ No ☐

☐	Family member or friend will transport
☐	Participant can transport self independently
☐	Participant has lift-equipped vehicle
☐	Other transportation issues:

Comments: _____

Primary Means of Communication: (Please check all that apply.)

☐	Speaks fluently	☐	Speaks, but is difficult to understand
☐	Nonverbal	☐	Understands speech
☐	No means of communication	☐	Has good auditory processing
☐	Uses sign language	☐	Reads
☐	Uses communication board/device	☐	Writes
☐	Understands directions	☐	Gestures
☐	Can follow step directions	☐	Other:
☐	☐ 1 step ☐ 2 step ☐ multiple		

Comments:_____

Dietary/Feeding Considerations: (Please check all that apply.)

☐	Requires no assistance with meals; feeds self independently
☐	Is mainly independent but needs help cutting meat, pouring liquids, carrying trays
☐	Needs total assistance with meals
☐	Except with finger foods
☐	Participant is diabetic
☐	Participant has special diet needs – describe

Safety: (Please check all that apply.)

☐	Will stay with group	☐	Can recognize danger
☐	Able to say name and phone number	☐	Oriented to people
☐	Can manage own money	☐	Can swim independently
☐	Can be held responsible for own belongings		
Comments: _____			

Toileting Skills: (Please check all that apply.)

☐	Totally independent in toileting
☐	Needs assistance getting on and off toilet
☐	Needs assistance wiping
☐	Has frequent accidents, but will use toilet if placed on it
☐	Not toilet trained; must be checked and changed regularly
☐	Has a catheter
☐	Will wear diapers/Depends to program
☐	Can indicate if assistance is needed with toilet and hygiene practices
Comments:	

(Please check all that apply and comment.)

☐	Withdrawn/shy
☐	Easily discouraged
☐	Hyperactive
☐	Runs away
☐	Short attention span
☐	Easily distracted
☐	Bites
☐	Physically harms self
☐	Physically harms others
☐	Manipulative
☐	Self stimulating
☐	Other
Is a behavior management plan currently being used? If so, describe:	

<u>Socialization Considerations:</u> (Please check all that apply.)

☐	Interacts well with peers
☐	Interacts well with adults
☐	Prefers large groups
☐	Prefers to be alone
☐	Tolerates group outings
☐	Tolerance of noise levels
Comments:	

<u>Program Goals:</u> (Please check all that apply.)

Goals for being in this program/class:	
☐	Participation
☐	Learn new skills
☐	Socialization
Other: (specify)	

Behavior/Personality: (Please answer.)

1. Comment briefly on participant's general behavior and moods (e.g., happy, cautions, shy, etc.). _____
_____

2. List activities and items the participant especially enjoys that can be used to reinforce/motivate good behavior. _____
_____

Particular dislikes? _____

3. Describe in detail a behavior outburst/incident. This is helpful to tell us the worst case scenario. (Please use the back of this sheet if needed)_____
_____
_____
_____
_____

What works best? (Please check all that apply and explain.)

	☐		Demonstrations
	☐		Verbal prompts
	☐		Physical prompts/equipment adaptations
	☐		Hand-over-hand teaching
	☐		Buddy
	☐		Combination (which ones?)

Is there any other information that would be helpful to the program staff? _____
_____
_____

Permission to contact teachers, obtain IEP plan, etc. for more information ☐ Yes ☐ No

Name: _____
Phone Number: _____
Email: _____

Signature: _____ Date: _____
Participant or Guardian