



Inclusion Participant Information Form

To be completed by the Parent/Guardian

***Please know this form is only for recreation use. This does not follow your child into the schools or anywhere else. We use this form to help hire and train the appropriate staff to provide the correct accommodations for your child's recreational programming. ***

Participant Name: _____ **Nickname:** _____ **Birth Date:** _____ **Age:** _____
Person Completing Form: _____ **Relationship:** _____ **Today's Date:** _____

Goals for Participant:

Medical Information

Primary Diagnosis:

Secondary Diagnosis:

Seizures (if present please describe):

Allergies:

Medication Name	Dosage	Time Given	Purpose	Side Effects

Emergency Contact Name:

Primary Physician:

Phone Number:

Phone Number:

Please provide specific details for the following items in each category:

Leisure Interests (Ex: sports, crafts, music, outdoor activities, etc.)

Things I like/am good at:

Things I dislike/am not so good at:

Cognitive

Ability to Follow Directions:

Attention Span:

Transitioning Needed/Techniques Used:

Redirection Method/Techniques Used:

Social

Participation in Group Activities:

Ability to Develop Friendships:

Initiation of Social Interactions:

Small Group/Large Group Preference and Interactions:

Emotional/Behavioral

Accepts Limits/Rules:

Displays emotions:

Response to Conflict or Frustration:

Verbally Aggressive:

Physically Aggressive:

Ability to Resolve Conflict:

Behavior Modification Techniques/Incentives Used:

Things that make me happy are:

Things that make me mad/sad are:

You can tell I'm upset/frustrated because I:

You can calm me down by:

Communication

Verbal Skills:

Communication Aid Used:

Ability to Express Needs:

Communicates Emotions:

Please answer the following questions in detail:

Briefly describe any physical (mobility, fine motor, gross motor) abilities and limitations:

Please list any toileting needs (i.e. diapers, assistance transferring):

Please describe any unique behaviors or other information that the staff should be aware of:

What personality type does your child respond best to?

Are there any specific needs your child requires to best accommodate them? One example may be if they require a male or female staff. Please explain these needs in detail.

How did you hear about SWSRA?

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATIONS

Suggested Programs: _____

Staff Needs: _____

Safety Considerations: _____

Behavioral Issues: _____

Adaptive Equipment/Communication Needs: _____