



Groton Parks and Recreation Inclusive Recreation Assessment

The information requested in this form is voluntary, but when it is completed, this form provides Groton Parks and Recreation information that assists us in meeting the needs of the participant. Please fill out as completely as possible.

Participant Information

Participant Name

Gender

Date of Birth

Grade

Home Phone

Work Phone

Cell Phone

Primary Disability/Diagnosis

Emergency Contact Name and Phone

Teacher/Case Worker Name and Phone

List positive attributes of the participant

Medical Information

List all allergies

Note any special diets, dietary restrictions, or food that may cause a behavior change.

Please list any medications the participant is taking.

Medication	Dosage	Frequency	Side effects

Check if the participant is subject to seizures, describe type, frequency and extent controlled by medication.

Medical Information - continued

Primary Physician Name and Phone

Describe any medical problems/injuries that could effect participation.

List activities in which registrant cannot participate due to medical reasons:

Check if the participant uses any of the following devices.

contacts

dentures

hearing aid

orthopedic devices

glasses

prosthesis

Other

Physical/ Mobility Information

Yes

No

Comments

Is the participant ambulatory?

Does the participant use a wheel chair?

Is the participant willing to transfer?

Is the participant physically independent?

List any adaptive equipment or additional assistive devices used.

Communication

Describe communication methods the participant uses. (speech, written, sign language, etc.)

Behavioral/Personality

Describe any specific behavioral plans used with the participant.

Describe the best way to get the participant involved in activities.

List any phobias/fears (i.e. Noise, airplanes, flashing lights, sirens) that may cause behavioral difficulties.

Describe the best way to introduce or explain new tasks or make transitions between activities.

Describe what types of things frustrate the participant.

Describe the best way to redirect or engage the participant.

Indicate what type of behavior management or reinforcement works best.

Make any suggestions for additional assistance you think the participant might require to be successfully included in a recreation setting.

Safety

Yes	No	Participant...	Comments
		is willing to stay with a group	
		can be held responsible for his/her own belongings	
		may wander or run	
		can recognize danger	
		can manage his/her own money	

Personal Care

Yes	No	Participant...	Comments
		requires bathroom assistance	
		requires regular bathroom times	
		requires menstrual assistance	

Swimming

Yes	No	Participant...	Comments
		is able to swim	
		requires a lifejacket	
		needs assistance with dressing	

Cognitive

Check if participant is able to follow directions.

How many minutes can the participant stay on task?

Social

Check if the participant needs assistance socializing with peers.

What size group is the participant most comfortable? large small 1:1 alone

Authorization to contact and release information

Unless otherwise indicated, I grant permission to Groton Parks and Recreation to contact the school, teachers assistant, teacher, social workers, therapist or physician for the purpose of gathering or releasing information regarding this participant. The information will be used to provide the most effective plan for providing recreation services and proper placement in inclusion. All information will be kept confidential.

Signature of participant, parent or guardian

Date

Please send completed form to: **Groton Parks and Recreation Department**
ATTN: Inclusion Request
45 Fort Hill Road
Groton, CT 06340
860-536-5690 (fax)