



St. Mary's County
Recreation, Parks & Community Services
 Therapeutic Recreation Section

INCLUSION SERVICES
Participant Profile

Program: _____
 Instructor: _____
 Program times: _____
 Site: _____

Personal Information

Participant Name:	Age:	D.O.B:
Parent/Guardian Name:		
Address:	Home Phone:	Work Phone:
Parent/Guardian Name:		
Address:	Home Phone:	Work Phone:
Emergency Contact:	Emergency Phone:	
Disability/Diagnosis:		

Health Information

Medical conditions:(diabetes,seizures,asthma,allergies etc.)	Dietary concerns:
Medications:	
Type of Seizures:	Date of late Seizure:
Duration:	Warning Signs:

Communication

What is your/your child's major means of communication? (signing, speech, communication devices, gestures etc.)

Abilities

Place x where appropriate	Independent	Some Assistance	Full Assistance	Comments:
Mobility:				
Positioning:				
Toileting:				
Transfers:				
Dress:				
Eating:				

Behavior

Does the participant exhibit any of the following behaviors?			
Behavior	Yes	No	Comments:
Withdrawn/shy			
Easily discouraged			
Hyperactive			
Runs away			
Short Attention span			
Easily Distracted			
Bites			
Self Abusive			
Manipulative			
Abusive to others			
Severe Fears:			
Behavior plan in place			

Safety

Please circle all that apply:

- | | | |
|----------------------------|-------------------------|---------------------|
| Will stay with group | Recognizes danger | Manages own money |
| Call dial 911 | Knows name and Phone # | Swims independently |
| Responsible for belongings | Can cross street safely | |

Preferences

Check your/your child's preferences

1. Situations that offer: ___ many choices ___ no choices ___ few choices
2. Temperatures that are: ___ warm ___ cool ___ cold ___ hot
3. Lighting that is: ___ bright ___ dim ___ dark ___ normal
4. Environments that: ___ have lots of variety ___ low degree of change ___ no change
 Visually: ___ very stimulating ___ moderately stimulating ___ not stimulating
 Auditory: ___ noisy ___ moderately noisy ___ quiet
5. Prefers to be: ___ alone ___ in small group ___ in large group ___ one on one
6. The best activities are: ___ highly structured ___ Loosely structured ___ normal

Recreation

1. Best method of assistance:
Pre-teaching Verbal Prompts Buddy Hand over hand Demonstrations
Physical Prompts Equipment/adaptations Other: _____
2. Please describe activities in which the participant may require special assistance:
3. What are your expectations?

Person Completing this form: _____ Date: _____

Office Use Only

Support Requested: _____

Support Recommendations: _____

Inclusion Specialist _____

Equipment needed: _____

Support Declined: _____
