



Inclusion Profile

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

Program: _____
 Program Hours: _____
 Site: _____
 Dates/Sessions: _____
 Instructor: _____
 Staff Liaison _____

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: _____

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

<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Hearing aid	Other/comments:
<input type="checkbox"/>	Contact lens	<input type="checkbox"/>	Orthopedic devices	
<input type="checkbox"/>	Prosthetic devices	<input type="checkbox"/>	Dentures	
<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	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.)

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

Comments: _____

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

<input type="checkbox"/>	Requires no assistance with meals; feeds self independently
<input type="checkbox"/>	Is mainly independent but needs help cutting meat, pouring liquids, carrying trays
<input type="checkbox"/>	Needs total assistance with meals
<input type="checkbox"/>	Except with finger foods
<input type="checkbox"/>	Participant is diabetic
<input type="checkbox"/>	Participant has special diet needs – describe

Safety: (Please check all that apply.)

<input type="checkbox"/>	Will stay with group	<input type="checkbox"/>	Can recognize danger
<input type="checkbox"/>	Able to say name and phone number	<input type="checkbox"/>	Oriented to people
<input type="checkbox"/>	Can manage own money	<input type="checkbox"/>	Can swim independently
<input type="checkbox"/>	Can be held responsible for own belongings	<input type="checkbox"/>	

Comments: _____

Toileting Skills: (Please check all that apply.)

<input type="checkbox"/>	Totally independent in toileting
<input type="checkbox"/>	Needs assistance getting on and off toilet
<input type="checkbox"/>	Needs assistance wiping
<input type="checkbox"/>	Has frequent accidents, but will use toilet if placed on it
<input type="checkbox"/>	Not toilet trained; must be checked and changed regularly
<input type="checkbox"/>	Has a catheter
<input type="checkbox"/>	Will wear diapers/Depends to program
<input type="checkbox"/>	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:	

Socialization Considerations: (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:	

Program Goals: (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, cautious, 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.)

<input type="checkbox"/>	Demonstrations
<input type="checkbox"/>	Verbal prompts
<input type="checkbox"/>	Physical prompts/equipment adaptations
<input type="checkbox"/>	Hand-over-hand teaching
<input type="checkbox"/>	Buddy
<input type="checkbox"/>	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