



Participant Intake Form

Form should be completed by a parent or guardian and returned to the Recreation Department as soon as possible. Please complete all forms thoroughly and accurately as inclusion plans are written based off the information provided in this paperwork.

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|-----------------------------------|---------------|
| Participant Name: | Age: |
| Participant's Primary Disability: | |
| Address: | Phone Number: |

Parent/Guardian Contact Information

| | |
|----------------|--------------|
| Name: | Cell Number: |
| Email Address: | Home Number: |

Participant is registered for the following program(s):

| Program | Dates |
|---------|-------|
| | |
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| | |

List 3 goals for participation: What would the participant like to get out of their experience in program:

| |
|----|
| 1. |
| 2. |
| 3. |

| | | | |
|---|------------------------------|---------|----------|
| Type of support participant typically receives | Group / Social Support | | |
| | 1:1 Support | | |
| | ADL Support/ Full Assistance | | |
| | Medical Support | | |
| Has the participant attended Recreation programs in the past? | Yes | No | |
| Does the participant enjoy interacting with peers? | Yes | No | |
| Is the participant easily annoyed by others? | Yes | No | |
| Is the participant able to manage their own belongings? | Yes | No | |
| Does the participant have difficulty sharing or taking turns? | Yes | No | |
| Does the participant have a short attention span? | Yes | No | |
| Does the participant prefer independent or group activities? | Indepen. | Group | |
| Is the participant able to follow the rules of a game? | Yes | No | |
| Is the participant able to follow directions? | Yes | No | |
| Participant can follow: <div style="text-align: center;"> 1 step directions 2 step directions 3 step directions </div> | | | |
| Is the participant sensory sensitive and / or sensory seeking | Sensitive | Seeking | |
| Please explain: | | | |
| Will the participant ask for a break if needed? | Yes | No | |
| If no, are there any signs staff should look for to prompt a break? | | | |
| Will the participant tell staff if they need to use the restroom? | Yes | No | |
| Does the participant need any assistance with ADL's? (Ex. toileting, eating, changing) | Yes | No | |
| How does the participant do with transitions? | Great | OK | Not well |
| What do you do at home to prepare for transitions? | | | |

| | | | | |
|--|----------------|-----------------|------------------|------------------|
| Does the participant experience any mobility concerns? | Yes | No | | |
| Does the participant use any devices or methods to communicate? | Yes | No | | |
| Does the participant experience seizures? | Yes | No | | |
| If yes, please provide type, brief explanation, last known seizure and known triggers: | | | | |
| Does the participant run away / bolt unexpectedly? | Yes | No | | |
| If yes, any known triggers: | | | | |
| Does the participant exhibit any physically aggressive behaviors? (Ex: hitting, biting, kicking, scratching) | Yes | No | | |
| If yes, towards self or others? | | | | |
| Please list any possible triggers for aggressive behaviors: | | | | |
| Tools used for transitions / breaks / behavior management: (chose all that apply) | | | | |
| Timer | Social Stories | Visual Schedule | Written Schedule | Verbal Reminders |
| What behaviors does the participant exhibit when nervous / uncomfortable | | | | |
| Any additional information: | | | | |
| Does this participant have an IEP or a 504? Yes No | | | | |
| If yes, please send the most recent copy with these forms. Thank you! | | | | |

Thank you for taking the time to complete this form. Please return the form to Michelle Hanly at mhanly@quincyma.gov



School Information Request

If your child receives support at school, it can be beneficial for a Quincy Recreation Specialist to contact their teacher to gain insight on the participants social behavior. This information provided is used to create inclusion plans for participants and ensure staff have adequate information to provide the best support possible to ensure a successful experience for the participant.

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|-------------------|--------|
| Participant Name: | |
| School: | Grade: |

| | |
|-------------------------|---------------|
| Parent / Guardian Name: | |
| Email Address: | Phone Number: |

| | | |
|--|-----|----|
| Do you consent to a Quincy Recreation Specialist contact your child's teacher via written or verbal communication? | Yes | No |
| Do you consent to your child's teacher / aid completing a participant information form? <i>This form contains information regarding the type of support received at school as well as social behavior.</i> | Yes | No |

| |
|-----------------|
| Teacher's Name: |
| Email Address: |

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|------------------------------|-------|
| Parent / Guardian Signature: | Date: |
|------------------------------|-------|

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