



Participant Intake Form

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

Participant Name:	Age:
Participant's Primary Disability:	
Email Address:	Phone Number:

Parent/Guardian Contact Information

Name:	Cell Number:
Email Address:	Home Number:

Participant is registered for the following program (s):

Program:	Dates:

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 <input type="checkbox"/>		
	1:1 Support <input type="checkbox"/>		
	ADL / Full Assistance <input type="checkbox"/>		
	Medical Support <input type="checkbox"/>		
Has the participant attended Recreation programs in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the participant enjoy interacting with peers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the participant easily annoyed by others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the participant able to manage their own belongings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the participant have difficulty sharing or taking turns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the participant have a short attention span?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the participant prefer independent or group activities?	Indepen. <input type="checkbox"/>	Group <input type="checkbox"/>	
Is the participant able to follow the rules of a game?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the participant able to follow directions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Participant can follow:			
<input type="checkbox"/> 1 step directions <input type="checkbox"/> 2 step directions <input type="checkbox"/> 3 step directions			
Is the participant sensory sensitive and / or sensory seeking	Sensitive <input type="checkbox"/>	Seeking <input type="checkbox"/>	
Please explain:			
Will the participant ask for a break if needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>	
Does the participant need any assistance with ADL's? (Ex. toileting, eating, changing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How does the participant do with transitions?	Great <input type="checkbox"/>	OK <input type="checkbox"/>	Not well <input type="checkbox"/>
What do you do at home to prepare for transitions?			

Does the participant experience any mobility concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the participant use any devices or methods to communicate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the participant experience seizures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please provide type, brief explanation, last known seizure and known triggers:				
Does the participant run away / bolt unexpectedly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, any known triggers:				
Does the participant exhibit any physically aggressive behaviors? (Ex: hitting, biting, kicking, scratching)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
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)				
<input type="checkbox"/> Timer	<input type="checkbox"/> Social Stories	<input type="checkbox"/> Visual Schedule	<input type="checkbox"/> Written Schedule	<input type="checkbox"/> Verbal Reminders
What behaviors does the participant exhibit when nervous / uncomfortable				
Any additional information:				
Does this participant have an IEP or a 504? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 The Recreation Department at
1 Merrymount Parkway, Quincy, MA 02169.*



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.

Participant Name:	
School:	Grade:

Parent / Guardian Name:	
Email Address:	Phone Number:

Do you consent to the Therapeutic Recreation Specialist contact your child's teacher via written or verbal communication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

Teacher's Name:
Email Address:

Parent / Guardian Signature:	Date:
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