NORTHWEST SPECIAL RECREATION ASSOCIATION

INCLUSION RESIDENT INFORMATION

Participant's Name		Date:	
Disability:		Date of Birth:	

Things that make me happy and that I enjoy doing are:

Things that make me unhappy and that I do not enjoy doing are:

I am good at:

I am not so good at:

I love talking about:

The best ways to transition to a new activity is by:

If you want to get and keep my attention, you should:

When I begin to get upset, I:

If I begin to become upset, the best ways to support me are:

Does your child have behavioral concerns at home or in the classroom? If yes, please explain:

Check all that apply:

- ☐ Wander or leaves the group
- ☐ Will ask for assistance when needed
- ☐ Put self at risk
- ☐ Verbally aggressive to others
- ☐ Recognizes danger
- ☐ Runs away/flight risk
- ☐ Unable to communicate needs
- ☐ Will Take others belongings
- ☐ Easily distracted/difficulty focusing
- ☐ Physically aggressive to others
- ☐ Has Specific Triggers (please specify):
- ☐ Has specific fears/concerns (please specify):

Communication

Is English your child's primary language? ☐ Yes ☐ No (If no, list primary language): _____

How does your child communicate? (*verbally, sign language, directional movement with eyes, picture choices, etc.)*

If needed, how can we assist with communication? Will you be providing a communication device?

Sensory (check all that apply):

☐ Sensory seeker ☐ Sensory Avoidance ☐ Poor motor control ☐ Poor posture control

Sensitive to: ☐ Sound ☐ Touch ☐ Visual ☐ Taste ☐ Smell ☐ Movement

List out specific response:

Swimming - check all that apply:

- ☐ Participant can swim independently
- ☐ Participant needs assistance while swimming

Describe specific assistance needed in the pool and locker room:

Toileting & Changing - check all that apply:

- ☐ Uses toilet independently
- ☐ Uses toilet, but wears pull up/diapers
- ☐ Changes independently
- ☐ Needs physical assistance for changing *(if so, how often?)*
- ☐ Uses toilet, needs assistance (explain below)
- ☐ Uses diaper only
- ☐ Needs verbal prompts for changing
- ☐ Needs verbal prompts to use the bathroom

Additional Information:

Lunch/Snack - check all that apply:

- ☐ Eats independently, no assistance needed
- ☐ Uses g-tube for feeding
- ☐ Needs physical assistance for feeding
- ☐ Can only eat what is packed from home *(list allergies or diet plan)*

Additional Information:

Miscellaneous

Physical or health issues my child has (allergies, asthma, diabetes, etc.) are: