



Inclusion Support Request Form

All inclusion support requests are due no later than 10 working days prior to the start of a program. The participant must be registered for the program prior to inclusion support request.

Participant's Name:	Date of Birth:
Street Address:	Parent/Guardian Name:
City/State/Zip:	Parent/Guardian Phone #:
Email:	Alternate Phone #:

PROGRAM INFORMATION

Please identify the program(s) the participant is registered for:

Program Code:	Program Name:	Days/Time program meets:	Location:

- I have registered through:
- City of Bloomington Parks & Recreation
 - Town of Normal Parks & Recreation

HEALTH INFORMATION

Medical Conditions/ Disabilities: _____

Medication Taken (if any): _____

Allergies (include food / medication/ other) _____

Seizure History (if any); include type, warning signs, duration and date of last seizure: _____

COMMUNICATION SKILLS

How does the participant primarily communicate? (check all that apply)

- Speech Computerized Device Communication Board Sign Language
- Lip Reads I-Pad (if so name specific apps used): _____

Any communication devices that are used at home or work are also needed in recreation settings.

How can staff assist the participant in communicating needs?

MOBILITY SKILLS

Does participant walk independently? YES NO

If no, please identify any mobility devices used or assistance needed:

SOCIAL CHARACTERISTICS: (please **check** those which apply)

- | | |
|---|--|
| <input type="checkbox"/> Shows interest in others
<input type="checkbox"/> Will interact play with others cooperatively
<input type="checkbox"/> Can communicate needs and wants

<input type="checkbox"/> Is tolerant of others, not easily agitated/ annoyed

<input type="checkbox"/> Will sit quietly to listen to directions, watch a movie or program | <input type="checkbox"/> Can listen and follow directions
<input type="checkbox"/> Interacts well with similar age peer group
<input type="checkbox"/> Can identify and take responsibility for personal belongings

<input type="checkbox"/> Is aware of safety concerns (traffic, staying with the group, sharp objects, etc.)

Comments/ Areas of difficulty: _____ |
|---|--|

TASK ORIENTATION: (please **check** the interventions which apply)

- | | |
|---|--|
| <input type="checkbox"/> requires cuing
<input type="checkbox"/> required repeated directions
<input type="checkbox"/> requires demonstration
<input type="checkbox"/> requires hands-on assistance
<input type="checkbox"/> requires hand over hand assistance
<input type="checkbox"/> requires clarification
<input type="checkbox"/> needs adaptive equipment; please list: _____ | <input type="checkbox"/> requires instructional steps
<input type="checkbox"/> retains instructions well
<input type="checkbox"/> follows directions
<input type="checkbox"/> refuses direction
<input type="checkbox"/> learns quickly
<input type="checkbox"/> requires modified rules and policies |
|---|--|

Please list other interventions or ideas that may assist us with the inclusion process:

BEHAVIOR

Does the participant exhibit any of the following? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Withdrawn/shy | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Bites or strikes others |
| <input type="checkbox"/> Self-abusive | <input type="checkbox"/> Personal space / boundary issues |
| <input type="checkbox"/> Verbal aggression | <input type="checkbox"/> Physical aggressions |

Please comment on any of the above behaviors the participant exhibits:

BEHAVIOR MANAGEMENT

Please list any tools used in the home or school that are helpful in reinforcing appropriate behavior (such as sticker charts, rewards, etc. Please note we will never use food or candy as a reward during program): _____

ACTIVITIES OF DAILY LIVING

Does the participants require assistance with:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Food /feeding |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Other |

Comments: _____

RECREATIONAL/PERSONAL INTERESTS

Often as a means of distraction or a break from activities, inclusion aides will utilize tools to help a participant cope with transition or gain interest in an activity. It's helpful for our staff to know what the participant likes/enjoys to engage him/her during program time. For example, does the child like a particular superhero or enjoy drawing? Please list these interests here:

Additional Comments: (Attach additional sheets if necessary.)

FOR STAFF USE ONLY:

DATE COMPLETED:

STAFF ASSIGNED: