INCLUSION & INTEGRATION PARTICIPANT PROFILE

To best serve the needs of our participants, we request that the following form be completed for all participants with medical ailments/disabilities or as a program requirement.

A: PARTICIPANT INFORMATION (birth date must be noted if under 18 years of age OR if participant wants to enroll in age specific programming)

LAST NAME	FIRST NAME	BIRTH DATE (mm/dd/yy)	GENDER (M / F / OTHER)

NEW PARTICIPANT	DATE PROFILE COMPLETED (mm/dd/yy)	EMAIL
☐ Yes ☐ No		

PRIMARY CONTACT LAST NAME	PRIMARY CONTACT FIRST NAME	PHONE #	RELATIONSHIP
SECONDARY CONTACT LAST NAME	SECONDARY CONTACT FIRST NAME	PHONE #	RELATIONSHIP
EMERGENCY CONTACT LAST NAME	EMERGENCY CONTACT FIRST NAME	PHONE #	RELATIONSHIP

B: MEDICAL/ADDITIONAL INFORMATION (please complete the following where applicable)

1. ALLERGIES: Please note that for participants in this category an identification bracelet/necklace is recommended.

Please indicate if the participant has ***non-life threatening*** allergies:

☐ _____ _____

Please indicate if the participant has ***life threatening*** allergies:

☐ Peanuts ☐ Bee Stings ☐ Other: _____ Does the participant carry an Epi-Pen? ☐ Yes ☐ No

2. MEDICAL DIAGNOSIS:

Does the individual have a medical diagnosis? ☐ Yes ☐ No

If yes, please describe and provide any relevant details you would like to share: _____

3. IMPAIRMENT: (please indicate if applicable **and** describe condition and whether assistance is required for basic care)

☐ Visual _____
☐ Hearing _____
☐ Physical _____
☐ Other: _____

4. CONDITIONS: (please indicate if applicable)

☐ Cardiac ☐ Seizure Disorder ☐ Diabetes ☐ Asthma
☐ Other: (please explain) _____
Does the participant carry inhaler/ventilator? ☐ Yes ☐ No
Describe seizure frequency and severity (if applicable): _____
List any known seizure triggers (if applicable): _____
Detail seizure "protocol" to follow (if applicable): _____

5. MOBILITY: (please indicate the participants level of mobility)

☐ Walking ☐ Wheelchair ☐ Walker ☐ Stroller
☐ Crutches ☐ Wagon ☐ Scooter ☐ Other: _____
If other, please explain: _____

6. ASSISTIVE DEVICES: (please indicate any assistive devices used)

☐ Hearing Aids ☐ Glasses ☐ Helmet ☐ Talker
☐ Ear Plugs ☐ Swim Cap ☐ Ankle Foot Orthosis (A.F.O) (Please Specify) _____
If other, please explain: _____

7. PERSONAL CARE: (please indicate the participants comfort with each)

Feeding	☐ Independent	☐ Assistance Req	☐ Unable	Explain:
Toileting	☐ Independent	☐ Assistance Req	☐ Unable	Explain:
Lifting	☐ Independent	☐ Assistance Req	☐ Unable	Explain:
Keeps track of belongings	☐ Independent	☐ Assistance Req	☐ Unable	Explain:
Basic care assistance:	☐ Independent	☐ Assistance Req	☐ Unable	Explain:

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C: PROGRAMS AND ACTIVITIES (please complete the following where applicable)

1. SOCIALIZATION SKILLS:

Upsets Easily	☐ Yes	☐ No	Explain
Enjoys/prefers being in small groups (9 or less)	☐ Yes	☐ No	Explain
Enjoys/prefers being in large groups (10 or more)	☐ Yes	☐ No	Explain
Enjoys peer interaction	☐ Yes	☐ No	Explain
Has fears & phobias	☐ Yes	☐ No	Explain
Fearless to dangers	☐ Yes	☐ No	Explain
Focuses during an activity and stays "on task"	☐ Yes	☐ No	Explain
Transitions well from one activity to another	☐ Yes	☐ No	Explain

2. GROSS MOTOR SKILLS: (please indicate if applicable)

Balance	☐ Independent	☐ Assistance	☐ Unable	Explain:
Walking	☐ Independent	☐ Assistance	☐ Unable	Explain:
Running	☐ Independent	☐ Tires Easily	☐ Unable	Explain:
Swimming	☐ Independent	☐ Tires Easily	☐ Unable	Explain:

Is a PFD Required? ☐ Yes ☐ No Is the participant comfortable in deep water? ☐ Yes ☐ With PFD ☐ No

3. FINE MOTOR SKILLS: (please indicate the participants level of mobility)

Dressing	☐ Independent	☐ Assistance	☐ Unable	Explain:
Undressing	☐ Independent	☐ Assistance	☐ Unable	Explain:
Fastens	☐ Independent	☐ Assistance	☐ Unable	Explain:
Hand Skills (writing, cutting, etc)	☐ Independent	☐ Assistance	☐ Unable	Explain:

4. COMMUNICATION: (please indicate how the participant communicates)

My child will understand you better if you:

☐ Get their attention ☐ Repeat instructions or directions ☐ Gestures and physical prompts ☐ Speak ASL
☐ Use words like "First" and "Then" ☐ Use visual aids or cues ☐ Use gestures ☐ Use eye contact
☐ Other

5. SENSORY NEEDS: (please indicate the participants level of mobility)

Depth Perception	☐ Poor	☐ Okay	☐ Good	Explain:
Sensory Oriented	☐ Yes	☐ No		Explain:

6. ENVIRONMENTAL SETTINGS: (please indicate the participants level of comfort)

Outdoors	☐ Comfortable	☐ Not Comfortable	Strategies used:
Indoors	☐ Comfortable	☐ Not Comfortable	Strategies used:
Loud and Noisy Crowds	☐ Comfortable	☐ Not Comfortable	Strategies used:

7. PERSONAL CHARACTERISTICS: (please indicate if any of the following apply)

Distinguishing Marks?	☐ Yes	☐ No	Explain
Repetitive Behaviours?	☐ Yes	☐ No	Explain
Fetishes / Obsessions?	☐ Yes	☐ No	Explain

8. THERAPIES: (please indicate if any of the following apply)

☐ Wilburger Protocol ☐ Social Stories ☐ Snozelen Room ☐ Modified Eating Plan ☐ Weighted Vest
☐ Head Phones ☐ Sensory Diet ☐ Structure or Routine: ☐ Other:

9. SCHOOL / DAY PROGRAM RECREATIONAL INFORMATION: (please indicate the participants schooling support)

☐ Full-Time School ☐ Part-Time School ☐ Day Programs Explain:

Please indicate the level of support the participant received (if applicable)

☐ 1:1 Support ☐ 2:1 Support ☐ 3:1 Support ☐ Toileting Support ☐ Feeding Support
☐ Other: School Staffing Ratio:

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10. GENERAL INFORMATION / ADDITIONAL INFORMATION: (Please include: favourite foods, activities, strengths, weaknesses etc.)

D: HEALTH AND SAFETY (please complete the following mandatory section)

1. Has the participant attended/utilized City of Brampton Inclusion/Integrated services in the past? ☐ Yes ☐ No
2. Does the participant understand physical distancing practices (e.g. can they follow instructions to stay 6ft away etc.)? ☐ Yes ☐ No
3. Is the participant able to practice hand washing routines? If unable, can they use hand sanitizer on their own? ☐ Yes ☐ No
4. Is the participant able to tolerate/wear a face covering for duration of a program (e.g. an entire day)? ☐ Yes ☐ No
5. Does the participant have a tendency to run away or require physical prompting/assistance? ☐ Yes ☐ No
6. Has there been significant behavioral changes in the participant during the past year? ☐ Yes ☐ No

If yes, please explain

E: SUPPORT WORKER INFORMATION (please complete the following where applicable)

1. Will the participant be attending with their own Support Worker? ☐ Yes ☐ No

Please note: Anyone attending as a support worker (including family member/friend), will be required to submit a Vulnerable Sector Police Record Check to the City of Brampton staff. Support Workers must be at least 16 years of age at time of program.

Parent Consent: I agree to participate in the interview process and to provide information that is true and accurate so that City of Brampton staff can gather information for the participant in order to determine the level of support required to be able to participate successfully in recreation programs. As well, I acknowledge and agree that should the participant exhibit violent behaviour towards another participant, program leader or the public the City may undertake a further assessment to determine the participant's ongoing suitability for the program. Should the City, in it's sole discretion, determine that the participant's participation in the program constitutes a substantial health and safety concern in the program, the City reserves the right to request additional assistance to be provided by the family, the removal of the participant from the program and / or deny admittance to the participant to the program in the future. I acknowledge that any support workers I provide to assist the participant must me a minimum of 16 years of age and have a current and satisfactory Vulnerable Sector Police Record Check, to be presented to City of Brampton staff if requested.

Parent/Guardian's Signature

Date (mm/dd/yy)

City of Brampton Staff Signature

Date (mm/dd/yy)

Please email completed forms to *inclusionprograms@brampton.ca*

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