

INCLUSION & INTEGRATION PARTICIPANT PROFILE

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

: PARTICIPANT INFORMATION	(birth date must be	noted if under 18 years	of age OR if partici	pant wants to enroll in age	e specif	fic programming)	
ST NAME		FIRST NAME			BIRTH	I DATE	SEX (M
W PARTICIPANT □ Yes □ No	DATE PROFILE CO	DMPLETED	EMAIL		mn	n / dd / yy	
MARY CONTACT LAST NAME	PRIMARY CONTAC	T FIRST NAME	PHONE #			RELATIONSHIP	
CONDARY CONTACT LAST NAME	SECONDARY CON	SECONDARY CONTACT FIRST NAME EMERGENCY CONTACT FIRST NAME		PHONE #		RELATIONSHIP	
ERGENCY CONTACT LAST NAME	EMERGENCY CON			PHONE #			RELATIONSHIP
: MEDICAL/ADDITIONAL INFO	DRMATION (please	e complete the following	where applicable)				
1. ALLERGIES: Please note that	at for participants in t	his category a Medic-Ale	rt or similar identific	cation bracelet/necklace is	recom	mended.	
Please indicate if the participant							
Please indicate if the participant ☐ Peanuts ☐ Bee Stings		<i>ing</i> allergies:	Does the pa	rticipant carry an Epi-P	en?	□ Yes	□ No
2. MEDICAL DIAGNOSIS: (pleas	se indicate if appli	,					
□ ADD □ ADI Other:	⊣D	☐ Down S	Syndrome	☐ Developmental	elay	☐ Autism	
	Does the partici	pant take any prescrib				□ No	
If using prescribe	d medication, plea	ase list:					
□ Visual □ Hearing □ Physical □ Other:							
4. CONDITIONS: (please indica ☐ Cardiac ☐ Sei:	ate if applicable) zure Disorder	□ Diabetes	□ Asthma				
Other: (please expl Does the particip	ain) ant carry inhaler/v	entilator?				□ Yes	 □ No
		verity (if applicable): _applicable): _					
-		f applicable):					
5. MobiLity: (please indicate	the participants le	evel of mobility)					
□ Walking□ Wh□ Crutches□ Wa	eelchair	□ Walker□ Scooter		Stroller Other:			
	xplain:			Other.			
6. Assistive Devices: (pleas ☐ Hearing Aids ☐ Gla	•	,		Talker			
☐ Ear Plugs ☐ Swi	m Cap	☐ Helmet ☐ Ankle Foot C	Orthosis (A.F.O) (Please Specify)			
7. PERSONAL CARE: (please i							
· ·	Independent	☐ Assistance Req	☐ Unable	Explain:			
•	Independent Independent	☐ Assistance Req☐ Assistance Req	☐ Unable☐ Unable	Explain: Explain:			
_	Independent	☐ Assistance Req	☐ Unable	Explain:			
Basic care assistance:	Independent	☐ Assistance Req	□ Unable	Explain:			



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	ne following wher	re applicable)					
1. SOCIALIZATION SKILLS:							
Upsets Easily	☐ Yes	□ No	Explain				
Enjoys being in large groups	☐ Yes	□ No	Explain				
Enjoys peer interaction	☐ Yes	□ No	Explain				
Has fears & phobias	☐ Yes	☐ No					
Fearless to dangers	☐ Yes	□ No					
Focuses during an activity and stays "on task"	☐ Yes	□ No	•				
Transitions well from one activity to another	☐ Yes	□ No	Explain				
2. GROSS MOTOR SKILLS: (please indicate if app	licable)						
Balance ☐ Independent ☐	Assistance	☐ Unable	Explain:				
Walking □ Independent □	Assistance	□ Unable					
·	Tires Easily	□ Unable	Explain:				
•	Tires Easily	☐ Unable					
Is a PFD Required? ☐ Yes ☐ No	Is the	e participant o	omfortable i	in deep water	? □ Yes	☐ With PFD	□ No
3. FINE MOTOR SKILLS: (please indicate the parti	cipants level of	f mobility)					
Dressing ☐ Independent	. □ Assista		Jnable	Explain:			
Undressing ☐ Independent	☐ Assista	nce □ l	Jnable	Explain:			
Fastens	□ Assista	nce □ l	Jnable	Explain:			
Hand Skills (writing, cutting, etc) ☐ Independent	☐ Assista	nce □ l	Jnable	Explain:			
4. COMMUNICATION: (please indicate how the pa	rticipant comm	unicates)					
Communicate to Others?		Keywords	□ Non-	verbal			
Please describe any non-verbal communic		•					
Receive Communication?		phrases and			□ Gestu	res and physical	prompts
□ Needs alternat		Explain:					
Non-Verbal Communication: Laughs	☐ Smile		□ Blink	 (S	☐ Body I	_anguage	
9	☐ Prom	pts Required	□ Unab	ole	•	e unpredictable	
·							
Other Communication Methods: Sign Language	e □ PECS	S	☐ Bliss		☐ Talker	s	
						s	
5. SENSORY NEEDS: (please indicate the particip	ants level of m	obility)	□ Bliss	Boards	□ Talker		
5. SENSORY NEEDS: (please indicate the particip Hearing Poor	ants level of m ☐ Okay	obility)	□ Bliss Good	Boards Explain:	□ Talker		
5. SENSORY NEEDS: (please indicate the particip Hearing ☐ Poor Vision ☐ Poor	ants level of m ☐ Okay ☐ Okay	obility)	□ Bliss Good	Boards Explain: Explain:	□ Talker		
5. SENSORY NEEDS: (please indicate the particip Hearing □ Poor Vision □ Poor Depth Perception □ Poor	ants level of m ☐ Okay	obility)	□ Bliss Good Good Good	Explain: Explain: Explain:	□ Talker		
5. SENSORY NEEDS: (please indicate the participate Hearing Poor Vision Poor Poor Depth Perception Poor Sensory Oriented Yes	ants level of m □ Okay □ Okay □ Okay □ Okay □ No	obility)	□ Bliss Good Good Good	Explain: Explain: Explain:	□ Talker		
5. SENSORY NEEDS: (please indicate the participe Hearing Poor Vision Poor Poor Depth Perception Poor Sensory Oriented Yes 6. ENVIRONMENTAL SETTINGS: (please indicate the participe Poor Poor Poor Poor Poor Poor Poor Poo	ants level of m Okay Okay Okay No No	obility)	☐ Bliss Good Good Good ort)	Explain: Explain: Explain: Explain:	□ Talker		
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		ty of Brampton Staff S	Signature				
Staff Confirm	nation: The information collecte	d in this form was collect	ed for the purpose	e of updating the pa	rticipants profile and was secur	red through a phone conversation.	
		Parent/Guardian's Sig	nature				
order to dete behaviour to the City, in it request addi acknowledge	ermine the level of support rec wards another participant, pro t's sole discretion, determine the itional assistance to be provid	uired to be able to partic gram leader or the public at the participant's partic ed by the family, the rer avide to assist the particip	sipate successfully the City may und sipation in the prog noval of the partion	y in recreation prog dertake a further as gram constitutes a s cipant from the pro	rams. As well, I acknowledge a sessment to determine the part substantial health and safety co gram and / or deny admittanc	and agree that should the participant exticipant's ongoing suitability for the programers in the program, the City reserves to the participant to the program in the satisfactory Vulnerable Sector Police Records.	hibit violen am. Should the right to ne future.
	Record Check to t	he City of Brampton	staff. Suppo	ort Workers mu	st be at least 16 years o	to submit a Vulnerable Sector of age at time of program.	
1.	Support Worker: he participant be attendir			□ Yes	□ No		
D: Sui	PPORT WORKER INFO	RMATION (please co	mplete the follow	wing where applica	ble)		_
							- - -
							- -
							- - -
					e foods, activities, streng		
□ Fu Pleas □ 1:	ull-Time School	art-Time School pport the participant upport □ 3:1	☐ Day Freceived (if ap Support ☐	Programs pplicable) I Toileting Supp	ort Feeding Support		_
□ W	0	cate if any of the follo Social Stories Sensory Diet	☐ Snozele	n Room e or Routine:	☐ Modified Eating Pla☐ Other:	an □ Weighted Vest	_
	etitive Behaviours? hes / Obsessions?	□ Yes □ Yes	□ No □ No	Explain			- - -

Please email completed forms to inclusionprograms@brampton.ca or return to any Recreation Centre labelled "Attention: Inclusive Programs – 8 Nelson, 6th Floor".