

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.

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	SEX (M / F)
				mm / dd / yy	
NEW PARTICIPANT <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE PROFILE COMPLETED		EMAIL	
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 a Medic-Alert or similar 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:** (please indicate if applicable)

ADD ADHD Down Syndrome Developmental Delay Autism

Other: _____

Does the participant take any prescribed medications? Yes No

If using prescribed medication, please list: _____

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 being in large groups 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)

- Communicate to Others? Verbal Uses Keywords Non-verbal
- Please describe any non-verbal communication methods used: _____
- Receive Communication? No adaptation Short phrases and repetition Gestures and physical prompts
- Needs alternative aids Explain: _____
- Non-Verbal Communication: Laughs Smiles Blinks Body Language
- Express Emotion: Verbally Prompts Required Unable Can be unpredictable
- Other Communication Methods: Sign Language PECS Bliss Boards Talkers

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

- Hearing Poor Okay Good Explain: _____
- Vision Poor Okay Good Explain: _____
- 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. BEHAVIOURS:

Is the participant's behavior considered "predictable" Yes No Known Triggers: _____

- Is the participant known to be physically aggressive?
 Yes No
- Is the participant known to engage in self harm behaviours?
 Yes No
- Is the participant known to swear or use inappropriate language?
 Yes No
- Is the participant known to damage property?
 Yes No
- Is the participant known to wander or run off?
 Yes No

Staff Use Only

Please list any known and/or commonly used redirection methods and/or strategies:

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8. 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 _____

9. 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: _____

10. 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: _____

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

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

1. SUPPORT WORKER:

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

Staff Confirmation: The information collected in this form was collected for the purpose of updating the participants profile and was secured through a phone conversation.

City of Brampton Staff Signature

Date

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