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	

HOME PHONE #	ALT PHONE #	ALT PHONE #	ALT PHONE #

NEW PARTICIPANT	DATE PROFILE COMPLETED	EMAIL
☐ Yes ☐ No		

EMERGENCY CONTACT LAST NAME	EMERGENCY 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. BEHAVIOURAL CONDITION: (please indicate if applicable)

☐ ADD ☐ ADHD ☐ Down Syndrome ☐ Autism

Medical Diagnosis (Optional): _____

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 _____

☐ Developmental Delay ☐ Other: _____

Basic care assistance: _____

4. CONDITIONS: (please indicate if applicable)

☐ Cardiac ☐ Seizure Disorder ☐ Diabetes ☐ Asthma

☐ Other: (please explain) _____

Does the participant carry inhaler/ventilator? ☐ Yes ☐ No

If using prescribed medication, please list: _____

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: _____

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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 _____
Have fears & phobias	☐ Yes	☐ No	Explain _____
Fearless to dangers	☐ Yes	☐ No	Explain _____
Focus during an activity and stay "on task"	☐ Yes	☐ No	Explain _____
Manages transitioning 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 Speech:	☐ Laughs	☐ Smiles	☐ Blinks	☐ Body Language
Express Emotion:	☐ Verbally	☐ Prompts Required	☐ Difficult	☐ 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?
☐ No ☐ Yes

Is the participant known to engage in self harm behaviours?
☐ No ☐ Yes

Is the participant known to swear or use inappropriate language?
☐ No ☐ Yes

Is the participant known to damage property?
☐ No ☐ Yes

Is the participant known to wander or run off?
☐ No ☐ Yes

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 INTERESTS: (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

If yes, please complete the following chart. If no, please skip the remainder of this section.

	SUPPORT WORKER LAST NAME	SUPPORT WORKER FIRST NAME	PHONE #	FILE # FOR VSC STAFF USE ONLY
1				
2				
3				
4				

Will the support worker be employed by a third party agency? ☐ Yes ☐ No Explain _____

If yes, please provide the name and contact information of the agency: _____

How many years has this support worker / agency been supporting the participant? _____

Please note: Anyone attending as a support worker (including family member/friend), will be required to have a Vulnerable Sector Police Record Check to be presented to City of Brampton staff if requested. 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 at any Recreation Centre "Attention: Inclusive Programs – 8 Nelson, 6th Floor"

Date revised: 2019/08/09