



PLEASE PRINT

**Inclusion Support Application**

**INCLUSION SUPPORT & DEADLINES**

The City of St. John's recognizes the need for support services to assist participation in recreation and leisure programming. To request support to participate please submit completed applications by the deadline dates below. Deadline dates occurring on a weekend are extended to the following Monday.

<b>Programs</b>	<b>Deadline</b>
Spring Recreation Programs	February 17
Pre School and After School Care	March 17
Summer Recreation Programs	March 17
Fall Recreation Programs	July 17
Winter Recreation Programs	November 17

**PARTICIPANT INFORMATION**

**SECTION 1**

Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**GUARDIAN INFORMATION (IF PARTICIPANT IS LESS THAN 19 YEARS)**

**SECTION 2**

Guardian 1: \_\_\_\_\_ Guardian 2: \_\_\_\_\_  
 Relation to Participant: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**PROGRAM INFORMATION**

**SECTION 3**

Program Name\*: \_\_\_\_\_  
 Program Location: \_\_\_\_\_  
 Enrollment Dates: \_\_\_\_\_

\* If program name is not known, indicate the program type. E.g. Fitness Class, After School Care, Day Camp, Preschool, Older Adults Program, etc.

**PLEASE COMPLETE ALL PAGES**

**MEDICAL INFORMATION (CHECK ALL APPLICABLE INFORMATION)**

**SECTION 4**

- Diagnosed Disability: \_\_\_\_\_
  - Medication required to regulate symptoms: \_\_\_\_\_
  - Medication administered:  at home       at program (*Medication Plan required*)
  - Medication causes side effects: \_\_\_\_\_
  
- Other Medical Condition: \_\_\_\_\_
  - Medication required to regulate symptoms: \_\_\_\_\_
  - Medication administered:  at home       at program (*Medication Plan required*)
  - Medication causes side effects: \_\_\_\_\_
  
- Allergies: \_\_\_\_\_
  - Life threatening - Epinephrine Auto-Injector required *\*Allergy/Anaphylaxis Plan required*
  - Other medication administered:  at home       at program (*Medication Plan required*)
  - Medication causes side effects: \_\_\_\_\_
  
- Seizures *\*Seizure Action Plan required*
  - Date of last seizure: \_\_\_\_\_ Duration of last seizure: \_\_\_\_\_
  - Medication required to regulate symptoms: \_\_\_\_\_
  - Medication administered:  at home       at program (*Medication Plan required*)
  - Medication causes side effects: \_\_\_\_\_


**SUPPORT INFORMATION**

**SECTION 5**

Please indicate the **anticipated** level of support. If applicable, actual level of support provided will be determined through a review of all information gathered through an intake process.

- Assistance with choosing appropriate programs
- Program adaptations or accommodations
- Staff Support – See the next page for staffing support descriptions
  - General recreation staff
  - Recreation program support staff (summer only)
  - Low ratio inclusion staff
  - One on one inclusion staff
  - Respite staff (provided independently)
- Unsure of the type of support needed at this time

**STAFFING SUPPORT DESCRIPTION**

<p>Lower Needs</p>  <p>Higher Needs</p>	<p><b>General Recreation Staff Support</b> Needs may be met by recreation staff to participant ratios. Preschool programs = 1:8 School age programs = 1:10 Adults = Not Applicable</p> <p><b>Recreation Program Support Staff (summer only)</b> Needs may be met by an additional program staff who provides occasional/intermittent support to the program and participants as required.</p> <p><b>Low Ratio Inclusion Staff Support</b> Needs may be met by a shared inclusion staff who provides support to 2 participants having similar needs. (Does not include personal care).</p> <p><b>One on One Inclusion Staff Support</b> Needs require the attention of a One on One Inclusion Staff who provide support to one participant. (Does not include personal care).</p> <p><b>Respite Staff Support</b> Needs are higher and are required to be met by a staff person hired by the caregiver. A Support Worker Agreement is required.</p>
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**Please note:** The Recreation Division has a Behavior Code of Conduct which must be adhered to by all participants. Personal care needs (i.e. feeding, toileting, dressing) and recurring violent/aggressive behavior causing harm to self, others, property or program quality are needs that fall outside the skillset of the City’s Recreation Program Staff. Participants having higher levels of needs may be required to attend with Respite Staff hired by the participant’s caregivers.

**Support in Other Settings - Please check the support types currently in place**

- |   |   |
|---|---|
| <input type="checkbox"/> Part time support worker at home   | <input type="checkbox"/> Full time support worker at home       |
| <input type="checkbox"/> Shared Student Assistant at school | <input type="checkbox"/> One on One Student Assistant at school |
| <input type="checkbox"/> ABA Therapist                      | <input type="checkbox"/> Behavior Management Specialist         |
| <input type="checkbox"/> Other: _____                       | <input type="checkbox"/> Other: _____                           |

Additional Information:

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**Swim Ability**

- |   |   |
|---|---|
| <input type="checkbox"/> Swims independently            | <input type="checkbox"/> Swims with floatation device             |
| <input type="checkbox"/> Is confident in a swim setting | <input type="checkbox"/> Is cautious or scared in a swim setting  |
| <input type="checkbox"/> Has taken swim lessons         | <input type="checkbox"/> Has no previous experience with swimming |

Additional Information:

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**Personal Care**

- |  |  |
|--|--|
| <input type="checkbox"/> Eats and drinks independently | <input type="checkbox"/> Eats and drinks with assistance |
| <input type="checkbox"/> Washes hands independently    | <input type="checkbox"/> Washes hands with assistance    |
| <input type="checkbox"/> Uses toilet independently     | <input type="checkbox"/> Uses toilet with assistance     |
| <input type="checkbox"/> Dresses independently         | <input type="checkbox"/> Dresses with assistance         |

Additional Information:

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**Communication**

- |  |   |
|--|---|
| <input type="checkbox"/> Communicates needs/wants    | <input type="checkbox"/> Does not communicate needs/wants |
| <input type="checkbox"/> Uses complete sentences     | <input type="checkbox"/> Non-verbal                       |
| <input type="checkbox"/> Uses partial sentences      | <input type="checkbox"/> Uses gestures & body language    |
| <input type="checkbox"/> Uses words with prompts     | <input type="checkbox"/> Uses sign language               |
| <input type="checkbox"/> Uses a communication device | <input type="checkbox"/> Other: _____                     |

Additional Information:

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**Strength/Coordination**

- |  |   |
|--|---|
| <input type="checkbox"/> Good fine motor skills  | <input type="checkbox"/> Limited fine motor skills  |
| <input type="checkbox"/> Good gross motor skills | <input type="checkbox"/> Limited gross motor skills |

Additional Information:

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**Interactions**

- |  |   |
|--|---|
| <input type="checkbox"/> Good social skills                    | <input type="checkbox"/> Limited social skills                    |
| <input type="checkbox"/> Respectful of peers                   | <input type="checkbox"/> May be disrespectful of peers            |
| <input type="checkbox"/> Respectful of adults                  | <input type="checkbox"/> May be disrespectful of adults           |
| <input type="checkbox"/> Tolerant of others                    | <input type="checkbox"/> May be easily annoyed/agitated by others |
| <input type="checkbox"/> Generally follows rules               | <input type="checkbox"/> May not adhere to rules                  |
| <input type="checkbox"/> Generally does well in group settings | <input type="checkbox"/> May prefer to be alone                   |
| <input type="checkbox"/> Generally stays within program area   | <input type="checkbox"/> May wander/leave program area            |
| <input type="checkbox"/> Generally well-mannered               | <input type="checkbox"/> May be verbally aggressive               |
| <input type="checkbox"/> Generally calm                        | <input type="checkbox"/> May be physically aggressive             |
| <input type="checkbox"/> Generally displays good coping skills | <input type="checkbox"/> May not display effective coping skills  |

Additional Information:

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**Strengths** – Describe the participant’s strengths

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**Needs** – Describe how to support participation

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**Safety** – Describe concerns regarding safety

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**Stress** – Describe triggers that may cause the participant to become anxious/stressed

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**Behavior** – Describe techniques that reduce/eliminate unwanted behavior

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**Other** – Describe any other information which may impact participation

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School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Classroom Setting:

- General Education Classroom  
 Special Education Classroom  
 Combination

## CONSENT

## SECTION 8

I \_\_\_\_\_ (Participant/Guardian) believe that the information provided in this document is accurate and true to the best of my knowledge. I give permission for those authorized below to release information if requested by the Division of Recreation's Inclusive Services Staff in order to develop a support plan to assist me/my child in participating in inclusive recreation programs.

At **least one** professional reference who can provide additional information to support participation is required. Please provide information for those authorized to be contacted.

Reference/Name	Preferred Method of Contact (I.e. Phone or Email)
<input type="checkbox"/> School/Daycare Teacher:	
<input type="checkbox"/> Special Education Teacher:	
<input type="checkbox"/> Social Worker:	
<input type="checkbox"/> Senior ABA Therapist:	
<input type="checkbox"/> Behavior Management Specialist:	
<input type="checkbox"/> Doctor/Therapist:	
<input type="checkbox"/> Recreation Practitioner:	
<input type="checkbox"/> Other:	

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Instructions for Inclusion Support Application**

Print and hand write or save and complete electronically then return to Inclusive Services by:

- Email: [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca)
- Fax: 709 576 2308
- Mail: Inclusive Services - Recreation Division P.O. Box 908 St. John's NL A1C 5M2
- Placing in an envelope addressed to Inclusive Services and dropping it off in person:
  - Recreation Division Offices, 1 Crosbie Place
  - Paul Reynolds Community Centre, 35 Carrick Drive
  - H.G.R. Mews Community Centre, 40 Mundy Pond Road