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INCLUSIVE SERVICES APPLICATION

Please complete application in full to avoid delay in processing.

PARTICIPANT INFORMATION (to be completed by the Guardian if under 18) Please Print — SECTION 1

Participant Name: _____ Date of Birth: (yyyy-mm-dd) _____

Street: _____ City/Town: _____ Postal Code: _____

Parent /Guardian: (if applicable) _____ Home Phone: _____

Address ☐ Same as above OR

Street: _____ City/Town _____ Postal Code _____

Business Phone: _____ Other: _____ E-mail: _____

PROGRAM PREFERENCE — SECTION 2

Please list in order of preference the type of program the participant is interested in: (If you know dates/times/locations please specify as well)

1. _____
2. _____
3. _____

DISABILITY INFORMATION — SECTION 3

Diagnosed Disability: _____ Date of Diagnosis: _____

Does the participant have a(n) support/respite/ABA worker? ☐ Yes ☐ No If Yes, please specify: _____

Will medication be given during the program? ☐ Yes ☐ No Are there any side effects? _____

Allergies? ☐ Yes ☐ No If Yes, to what: _____

Does the participant have an Epi Pen? ☐ Yes ☐ No Has the participant ever had a seizure? ☐ Yes ☐ No If Yes, please describe:

_____

Date of last seizure (yyyy-mm-dd) _____ Duration _____ Frequency _____

SKILLS ASSESSMENT — SECTION 4

Please check statements that apply to the participant. Clarifying or adding information is recommended.

Eating/Drinking

☐ Drinks from a cup
☐ Uses straw
☐ Uses utensils
☐ Cannot use utensils
☐ Unwraps food/drink
☐ Cannot unwrap food/drink

Additional information: _____

_____

Please check statements that apply to the participant. Clarifying or adding information is recommended.

Personal Care

☐ Can use toilet independently
☐ Can use toilet with reminders
☐ Cannot use toilet independently
☐ Can wash hands independently
☐ Cannot wash hands independently

Additional information: _____

_____

Communication

☐ Unable to communicate needs/wants
☐ Uses gestures, signs, PECS &/or non-verbal communication
☐ Uses basic sign language
☐ Uses one or two word sentences
☐ Uses complete sentences
☐ Uses a communication device

☐ Reacts/responds when spoken to
☐ Responds appropriately to 1/2 step directions
☐ Responds appropriately to 2/3 step directions
☐ Responds appropriately in small groups
☐ Responds appropriately in large groups

Additional information: _____

_____

Strength/Coordination

☐ Able to walk independently
☐ Able to walk with assistance
☐ Uses device to walk – specify type below
☐ Has good balance/coordination
☐ Has limited balance/coordination
☐ Able to catch a rolling ball

☐ Able to catch a tossed ball
☐ Able to kick a stationary ball
☐ Able to kick a rolling ball
☐ Able to grasp small objects (i.e. pencil, beads)
☐ Able to grip large objects (i.e. ball, racket)

Additional information: _____

_____

Social/Behavioural

☐ Shows interest in others
☐ Interacts with others appropriately
☐ Interacts with others inappropriately
☐ Is tolerant of others actions
☐ Is easily annoyed/agitated by others

☐ Has attention span for short periods of time
☐ Has attention span for long periods of time
☐ Is responsible for own belongings
☐ Is respectful of adults
☐ Can be disrespectful of adults

Additional information: _____

_____

Swim Ability

☐ Can swim using at least one swim technique
☐ Cannot swim
☐ Has no fear of water
☐ Is tolerant of others actions
☐ Is easily annoyed/agitated by others
☐ Is cautious of water but is not afraid

☐ Is comfortable floating
☐ Is comfortable putting face in water
☐ Has taken swim lessons: Last level completed: _____

Please list any skills the participant has in the pool/water:

_____

Please list ant challenges the participant has in the pool/water: (i.e. Water in ears, needs goggles/nose plug, dislikes load echoes, etc. :

_____

Strengths – Please elaborate on participants areas of strengths

_____

_____

SUPPORT — SECTION 5

Please describe areas where the participant requires support: _____

_____

Please describe safety issues (i.e. behaviours, fears) that program staff should be aware of: _____

_____

Please describe signs/behaviours that indicate stress or anxiety in the participant: _____

_____

Please describe methods used to reduce/eliminate inappropriate behaviours: _____

_____

Additional information: _____

SCHOOL INFORMATION (to be completed if participant attends grade school) — SECTION 6

Name of School: _____ Grade: _____

Classroom setting: ☐ Regular ☐ Special Education ☐ Combination

Does the participant have a student assistant? ☐ No assistant needed ☐ Full time assistant ☐ Part time assistant ☐ Shared assistant

If Yes, please describe what support is needed:_____

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RELEASE – Participant/Guardian — SECTION 7

I believe the information supplied in this application is accurate to the best of my knowledge. I give permission for those authorized below to release information requested by the Department of Recreation's Inclusive Services staff in order to develop a support plan to assist me/my child in participating in inclusive recreational programs.

Name _____ Relationship to Participant _____

Signature _____ Date (yyyy-mm-dd) _____

Initial all forms of information you wish to release. (If you do not wish to release any information, do not initial.)

	ISSP (Individual support service plan) ISSP Chair:	Telephone:
	Teacher Questionnaire Name:	Telephone:
	School Observation School Name:	Telephone:
	Social Worker Questionnaire Name:	Telephone:
	Other Organization (please check) ☐ Questionnaire ☐ Observation Name: _____ Position: _____ Organization: _____ Telephone:_____	

FOR OFFICE USE ONLY — SECTION 8

☐ Medication Package Required	☐ Allergy Forms Required
☐ Seizure Action Plan Required	☐ Support Worker Guidelines/Waiver Required

Date Received (yyyy-mm-dd) _____

Additional Comments: _____

_____

The completed form can be mailed to the address below, dropped off to the Department of Recreation Offices, Crosbie Building, 1 Crosbie Place or faxed to 709-576-8469.

Inclusive Services
City of St. John's
Department of Recreation
P.O. Box 908, St. John's, NL
A1C 5M2

For further assistance or more information call 709-576-4450