

<b>ST. JOHN'S</b>	<b>CS – Recreation Support Services Application</b>	<b>Community Services</b>
<b>Recreation Support Services Application (formerly known as Inclusion Support Application)</b>		

<b>Recreation Support Services Deadlines</b>	<b>SECTION 1</b>
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The City of St. John's recognizes the need for support services to assist participation in recreation and leisure programming. To determine level of support to participant, please submit completed application by the deadline dates below. Deadline dates occurring on a weekend or holiday are extended to the following business day.

Programs	Deadlines
Spring Recreation Programs	February 1
After School Program	March 1
Summer Recreation Programs	March 17
Fall Recreation Programs	March 17
Fall Recreation Program (including Preschool Fall Program)	July 17
Winter Recreation Programs (including Preschool Winter Programs)	November 17

<b>Participant Information</b>	<b>SECTION 2</b>
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Participant Name \_\_\_\_\_ Date of Birth (YYYY-MM-DD) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Gender \_\_\_\_\_

<b>Guardian Information (if participant is less than 19 years)</b>	<b>SECTION 3</b>
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Guardian # 1 _____	Guardian # 2 _____
Relation to Participant _____	Relation to Participant _____
Phone _____	Phone _____
Email _____	Email _____

<b>Program Information</b>	<b>SECTION 4</b>
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Program Name\* \_\_\_\_\_  
 Program Location \_\_\_\_\_  
 Enrollment Dates \_\_\_\_\_

\*If program name is not known, indicate the program type (Example: Fitness class, After School Program, Day Camp, Preschool, Older Adult Program, etc.).

**Primary Diagnosis** \_\_\_\_\_

Medication required to regulate symptoms \_\_\_\_\_

Medication administered:        at home        at program (Medication Consent form required)

Medication causes side effects \_\_\_\_\_

**Secondary Relevant Diagnosis** \_\_\_\_\_

Medication required to regulate symptoms \_\_\_\_\_

Medication administered:        at home        at program (Medication Consent form required)

Medication causes side effects \_\_\_\_\_

**Allergies** \_\_\_\_\_

Life threatening- Epinephrine Auto-injector required (Anaphylaxis Emergency Plan for required)

Other medication administered:        at home        at program (Medication Consent form required)

Medication causes side effects \_\_\_\_\_

**Seizures** (Seizure Plan required)

Date of last seizure \_\_\_\_\_ Duration of last seizure \_\_\_\_\_

Medication required to regulate symptoms \_\_\_\_\_

Medication administered:        at home        at program (Medication Consent form required)

Medication causes side effects \_\_\_\_\_

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

Minor adaptations or accommodations.

Staff Support- **See the next page for staffing support descriptions.**

General recreation staff.

Recreation ratio enhancement staff (Children’s Summer Program only).

One-on-one inclusion support staff (provided by the City).

Support and/or Respite staff (provided independently or third-party agencies).

Unsure of the type of support needed at this time.

**Staffing Support Descriptions**

Lower Needs



**General Recreation Staff Support**

Needs may be met by the program’s recreation staff to participant ratios.  
 Preschool age programs= 1:8  
 School age programs- 1:10  
 Adult programs= Varies by program type

**Recreation Ratio Enhancement Staff (Children’s Summer Program Only)**

Needs may be met by an additional program staff who provides occasional/intermittent support to the program and participants as required.

**One-on-One Inclusion Support Staff (Provided by City of St. John’s)**

Needs require the attention of a City of St. John’s Inclusion staff who provides support to one participant. **(Staff are not trained to support personal care, feeding or persistent extreme behaviour)**

**Support and/or Respite Staff Support (Provided independently or by a third-party agency)**

Higher Needs

Needs require a higher level of care than can be supported by the above recreation staff. A staff person hired by the caregiver or by a third party. A Respite Support Worker Agreement is required.

**Please note:** All participants are required to adhere to the Recreation Division Code of Conduct. Participants who do not adhere may be removed on a part-time basis at the discretion of staff. Applicants who submit a Recreation Support Services Application are unable to register for recreation and leisure programs until informed by Inclusion Services. While the City strives to support as many participants as possible the number of supports available is dependent on the overall demand for the program and staff resources available.

**Support in other Settings** – Please check all support types currently in place.

Respite/Support Worker at home	One-on-one Student Assistant at school
ABA Therapy	Shared Student Assistant at school
Behaviour Management Specialist	General Academic Curriculum
Speech Language Pathology	Modified/Alternate Academic Curriculum
Other _____	School Name _____
Other _____	Grade _____

**Swim Ability**

Swim independently

Swims with floatation device

Swim Lesson Level \_\_\_\_\_

No previous swim experience

Additional Information

**Personal Care**

Eats and drinks independently

Eats and drinks with assistance

Washes hands independently

Washes hands with assistance

Dresses independently

Dresses with assistance

Uses toilet independently (undress, use toilet, wipe, redress and wash hands)

Uses toilet with assistance (needs help with 1 or more steps for washroom use)

Additional Information

**Communication Assessment**

Can communicate needs/wants verbally

Limited verbal communication of needs/wants

Uses complete sentences

Does not use complete sentences

Uses partial sentences

Uses some words with prompts

Uses sign language

Uses a communication device (specify below)

Additional Information

**Language Assessment**

Language Spoken at home \_\_\_\_\_

Knowledge of English Participant

Knowledge of English Parent/Guardian

None

None

Beginner

Beginner

Intermediate

Intermediate

Advanced

Advanced

**Mobility/Strength/Coordination**

Good fine motor skills

Limited fine motor skills

Good gross motor skills

Limited gross motor skills

Uses a mobility device (specify below)

Additional Information

**Interactions**

Generally displays good social skills

May display limited social skills

Generally respectful of peers

May be disrespectful of peers

Generally respectful of adults

May be disrespectful of adults

Generally tolerant of others

May be easily annoyed/agitated by others

Generally follows directions/rules

May not follow direction/rules

Generally does well in group settings

May prefer to be alone

Generally stays within supervision

May wander/leave program area

Generally well-mannered

May be verbally aggressive

Generally calm

May be physically aggressive

Generally displays good coping skills

May not display effective coping skills

Additional Information

**Strengths** – Describe the participants strengths (things the participant is good at or enjoys).

**Needs** – Describe what the participant needs support with to participate.

**Safety** – Describe any concerns regarding safety.

**Stress** – Describe what causes the participant to become anxious/stressed.

**Behaviour** – Describe strategies used to calm or redirect behaviour that might impact participation.

**Other** – Please provide any other information which may help increase participation.

**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 Recreation Division’s Inclusive Services staff 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.

**Professional Reference**

**How to Contact  
(Phone/Email)**

School/Daycare Teacher \_\_\_\_\_

\_\_\_\_\_

Special Education Teacher \_\_\_\_\_

\_\_\_\_\_

Social Worker \_\_\_\_\_

\_\_\_\_\_

Senior ABA Therapist \_\_\_\_\_

\_\_\_\_\_

Behaviour or Child Management Specialist  
\_\_\_\_\_

\_\_\_\_\_

Recreation Practitioner \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Participant/Guardian Signature \_\_\_\_\_

Date (YYYY-MM-DD) \_\_\_\_\_

**Privacy Notice**

**SECTION 9**

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to provide care to participants. Questions about the collection and use of the information may be directed to Manager of Healthy City and Inclusion by emailing [recreation@stjohns.ca](mailto:recreation@stjohns.ca)

Please send completed form to:

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

For further information:  
Phone: 709-576-6972  
Email: [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca)