



# Summer Inclusion Intake

Form should be completed by a parent / guardian and returned to the Recreation Department as soon as possible. Please complete all forms thoroughly and accurately as inclusion plans are written based off the information provided in this paperwork, the intake meeting and the Therapeutic Recreation Specialist's assessment of the participant.

Participant Name:	Age:
Diagnosis and/or nature of participants needs:	

## Guardian Contact

Name:	Cell Number:
Email Address:	Home Number:

## Participant is registered for the following Summer 2021 Programs:

Program	Dates

List 3 goals for participation: What would you like your child to get out of their experience this summer?

1.
2.
3.

Type of support participant typically receives	Group / Social Support		
	1:1 Support		
	ADL / Medical Support / Full Assistance		
Has the participant attended Recreation programs in the past?	Yes	No	
Does the participant enjoy interacting with peers?	Yes	No	
Is the participant easily annoyed by others?	Yes	No	
Is the participant able to manage their own belongings?	Yes	No	
Does the participant have difficulty sharing or taking turns?	Yes	No	
Does the participant have a short attention span?	Yes	No	
Does the participant prefer independent or group activities?	Indepen.	Group	
Is the participant able to follow the rules of a game?	Yes	No	
Is the participant able to follow directions?	Yes	No	
Participant can follow:	1 step directions 2 step directions 3 step directions		
Is the participant sensory sensitive and / or sensory seeking	Sensitive	Seeking	
Please explain:			
Will the participant ask for a break if needed?	Yes	No	
If no, are there any signs staff should look for to prompt a break?			
Will the participant tell staff if they need to use the restroom?	Yes	No	
Does the participant need any assistance with ADL's? (Ex. toileting, eating, changing)	Yes	No	
How does the participant do with transitions?	Great	OK	Not well
What do you do at home to prepare for transitions?			

Does the participant experience any mobility concerns?	Yes	No
Does the participant use any devices or methods to communicate?	Yes	No
Does the participant experience seizures?	Yes	No

If yes, please provide type, brief explanation, last known seizure and known triggers:

Does the participant run away / bolt unexpectedly?	Yes	No
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If yes, any known triggers:

Does the participant exhibit any physically aggressive behaviors? (Ex: hitting, biting, kicking, scratching)	Yes	No
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If yes, towards self or others?

Please list any possible triggers for aggressive behaviors:

Tools used for transitions / breaks / behavior management: (chose all that apply)

Timer	Social Stories	Visual Schedule	Written Schedule	Verbal Reminders
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What behaviors does your child exhibit when nervous / uncomfortable

Any additional information:

*Thank you for taking the time to complete this form. Please return the form to [kdeangelis@lexingtonma.gov](mailto:kdeangelis@lexingtonma.gov).*



# School Information Request

If your child receives support at school, it can be beneficial for the Therapeutic Recreation Specialist to contact their teacher to gain insight on the participants social behavior. This information provided is used to create inclusion plans for participants and ensure staff have adequate information to provide the best support possible to ensure a successful experience for the participant.

Participant Name:	
School:	Grade:

Parent / Guardian Name:	
Email Address:	Phone Number:

Do you consent to the Therapeutic Recreation Specialist contact your child's teacher via written or verbal communication?	Yes	No
Do you consent to your child's teacher / aid completing a participant information form? <i>This form contains information regarding the type of support received at school as well as social behavior.</i>	Yes	No

Teacher's Name:
Email Address:

Parent / Guardian Signature:	Date:
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*Thank you for taking the time to complete this form. Please return the form to [kdeangelis@lexingtonma.gov](mailto:kdeangelis@lexingtonma.gov).*