

Inclusion Questionnaire

This form is intended to assist in identifying reasonable accommodations which may be beneficial for successful participation.

Program Ready:

traveling

In order to support the success and safety of individuals registered and participating in recreation programs, it is important that participants are indeed "program ready." To assist in determining if a person is "program ready," the following criteria have been developed:

- Participant is able to participate independently or with reasonable accommodations.
- Participant is age appropriate.
- Participants may be aged up or down by one grade level in some situations.
- Participant is able to take direction and instruction from a staff person.
- Participant is comfortable with, and able to interact in, a group environment.
- Participant interacts and participates in a manner that is physically and emotionally safe for themselves and others.
- Participant is able to participate in self-care (toileting, feeding etc.) independently or with minimal verbal prompting.

		-	Initial			
requests be mad accommodation of significant ch Recreation Cool	de at least two w s may take long ange. Termination dinator. At no ti ng the Inclusive	eds, we require that eeks prior to the per. This assessme on of inclusive rec me may a particip Recreation Coord	program registra int expires one y reation services ant or parent/gu	ation deadline. In year from date of s must be compl uardian terminate	n some cases rea the assessment eted through the inclusive recrea	sonable or in the event Inclusive tion services
Signature (paren	t/guardian if partic	cipant is under 18 o	r under legal gua	ardianship)	Date	
	PI	ease complete as	thoroughly as p	oossible. <i>Thank-</i> y	ou!	
PARTICIPANT II	NFORMATION (to	be completed by par	ent/guardian if par	rticipant is under 18)		
Name				_ Date of Birth	Gra	ade
Address			City	Zip	Phone	
Parent/Guardian (if applicable)				Phone		
Email				-		
			reation Intere	ests		
Please identify ar	ny interests the pa	articipant has:				
Community Examples:	Outdoors hiking, fishing	Physical ice skating, golf,		Educational language,	Hobbies cooking, music,	Creative sewing, painting,

relaxation

tennis

outdoors, financial

dance, reading

stained glass

- Tribin Bloomington Fanto reco	Which Bloomington Parks Recreation activities has the participant registered for in the past? Social (please check all that apply)							
Is tolerant of others, not of Can listen and follow directions	easily agitate ection	hers d or annoyed	_ Will sit quietly to watch a program, movie, etc _ Can identify and take responsibility for personal belongings using sharp objects, hot stoves, etc)					
Comments/Areas of difficulty: _								
Please list any diagnoses		Other In	formation					
Does participant have seizures	s? YES	NO If yes, p	lease indicate type and	describe:				
Date of most recent seizure: _								
Does anything trigger the seizu	ures?							
Medications Medication	Time	Dosage	Purpose	Side Effects/Contraindication	ns			
Allergies (include food/medicated) How can Bloomington Parks								
Communication Skills How does the participant communication Read Any communication devices any resources available, included How can staff assist the participant communication devices	Lips Čo that are use luding, but n	ommunication Board at home or wo	ard Sign Langu ork are also needed in nmunication board/bo	·	ovide			

Feeding Skills Does the participant eat and drink independently? YES NO If no, what type of assistance or adaptive equipment is needed?
Mobility Skills Does participant walk independently? YES NO If no, please identify any mobility devices used or assistance needed:
Describe transfer techniques used:
If the participant uses a wheelchair, is a wheelchair lift required? YES NO Explain:
Restroom Skills
Wears Attends/Depend Uses toilet independently
Indicates need to use toilet Washes hands independently Uses toilet with physical assistance
Concerns/Restrictions Activity concerns or restrictions related to health/social issues:
Do you feel your child requires one to one supervision? (Level of supervision will ultimately be determined by the Inclusive Recreation Coordinator.)
Additional Comments: (Please attach additional sheets if necessary)

Please return to Bloomington Parks and Recreation: 401 N. Morton, Ste 250 P.O. Box 848

401 N. Morton, Ste 250 P.O. Box 848 Bloomington, IN 47402 Phone: 812-349-3747 Fax: 812-349-3785

