MONTGOMERY COUNTY Recreation

PARENT - PARTICIPANT PROFILE

Therapeutic Recreation & Inclusion Services - __/__/____

PLEASE PRINT

SECTION 1 - PERSONAL INFORMATION

Participant Information:

Participant's Name: First | Last

Birth date: MM | DD | YYYY

Gender: ☐ M ☐ F ☐ Other ☐ Choose not to identify

Is this a returning participant: ☐ Yes ☐ No

Address: Street Address | Apt. # | City | State | Postal / Zip Code

1st Parent/Guardian Name: First | Last | Relationship to Participant

Phone Number: ### ### ####

Cell Number: ### ### ####

Email Address:

2nd Parent/Guardian Name: First | Last | Relationship to Participant

Phone Number: ### ### ####

Cell Number: ### ### ####

Email Address:

Participant School: Name

Participant Teacher: First, Last Name

School Phone Number: ### ### ####

Emergency Contact Information:

Please fill out if different from above information.

Emergency Contact 1: Name | Last

Phone Number: ### ### ####

Emergency Contact 2: Name | Last

Phone Number: ### ### ####

SECTION 2 - HEALTH INFORMATION

Primary Disability:

Please check all that apply.

- ☐ ADD/ADHD
- ☐ AUTISM SPECTRUM
- ☐ DOWN SYNDROME
- ☐ EMOTIONAL
- ☐ EPILEPSY
- ☐ ODD
- ☐ HEARING
- ☐ INTELLECTUAL DISABILITY
- ☐ LEARNING
- ☐ PHYSICAL
- ☐ SPEECH
- ☐ OTHER (Please fill in below information if Other is checked)

If primary disability is Other please describe: _____

SECTION 3 - ACTIVITY INFORMATION

Activities participant may enjoy:
Please check all that apply.

- ☐ ARTS AND CRAFTS
- ☐ BOARD/TABLE GAMES
- ☐ COOKING
- ☐ DANCING
- ☐ FITNESS/PHYSICAL
- ☐ MUSIC
- ☐ WATER ACTIVITY
- ☐ OUTDOOR ACTIVITIES
- ☐ PUZZLES
- ☐ READING/STORY TIME
- ☐ SENSORY ACTIVITIES
- ☐ TEAM SPORTS
- ☐ VAN RIDES
- ☐ OTHER (If checked, provide details below.)

If other please describe: _____

_____

Please indicate the participants strengths: _____

_____

_____

_____

SECTION 4 - BEHAVIOR INFORMATION

BEHAVIOR CHECKLIST

Please identify behavior information on the checklist below.

TYPE OF BEHAVIOR	YES	NO	HOW DO YOU REDIRECT/ASSIST WITH MANAGING THIS BEHAVIOR?
Transitions easily			
Uses inappropriate language			
Runs away or hides			
Hyperactive			
Easily distracted			
Easily discouraged			
Short attention span			
Shy/withdrawn			
Physically harms others/self (hits)			

SECTION 4 - BEHAVIOR INFORMATION CONTINUED

Is there a behavior management plan in place: ☐ Yes ☐ No

How do you reinforce positive behavior? (I.e. stickers, high fives, verbal praise, snacks, etc.)

_____

_____

_____

_____

SECTION 5 - COMMUNICATION & SAFETY INFORMATION

COMMUNICATION CHECKLIST

Please identify communication type on the checklist below.

COMMUNICATION TYPE	YES	NO	SPECIFICS/COMMENTS
Communicates name and phone number?			
Communicates needs and feelings?			
Uses a communication device?			
Uses sign language?			
Speaks clearly?			
MedAlert device?			

What is the participant's primary means of communication and/or the best way to communicate with the participant?

_____

_____

_____

_____

Independence & Safety:

Please check all that apply.

- ☐ ABLE TO WAIT TURN
- ☐ COOPERATES WITH STAFF/ADULTS
- ☐ ENJOYS OUTINGS
- ☐ SWIMMING/WATER SAFE
- ☐ INTERACTS WITH PEERS
- ☐ MANAGES OWN MONEY/FORMS
- ☐ OUTGOING/TALKATIVE
- ☐ PREFERS TO BE ALONE
- ☐ RECOGNIZES DANGER
- ☐ RESPONSIBLE FOR OWN BELONGINGS
- ☐ ELOPEMENT RISK
- ☐ TOLERANT OF NOISE LEVELS
- ☐ USES APPROPRIATE TOUCH
- ☐ DRESSES SELF

SECTION 5 - COMMUNICATION & SAFETY INFORMATION CONTINUED

Please indicate any fears? (I.e. thunderstorms, bees, dogs, loud noises, etc.)

_____

_____

_____

_____

SECTION 6 - DAILY ACTIVITY/PHYSICAL INFORMATION

DAILY ACTIVITIES/PHYSICAL INFORMATION CHECKLIST

Please identify daily activities and physical information on the checklist below.

ACTIVITY TYPE	INDEPENDENT	ASSIST	N/A	SPECIFICS/COMMENTS
Dressing/Undressing				
Eating				
Holding objects				
Swimming				
Vision- wears glasses, uses white cane				
Balance				
Walking				
Stairs				
Using a cane/walker				
Using a wheelchair/scooter				
Transfer from wheelchair/scooter				
Hearing aides or cochear device (caution at water activity?)				

Additional comments: _____

_____

_____

_____

_____

_____

I CERTIFY THAT ALL OF THE INFORMATION INDICATED ON THIS FORM IS COMPLETE AND ACCURATE.

_____ _____

Parent Signature Date