

**PLEASE PRINT**

## SECTION 1 - PERSONAL INFORMATION

### Participant Information:

Participant's Name:

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
First		Last		MM	DD	YYYY

Gender:  M  F  Other  Choose not to identify

Is this a returning participant:  Yes  No

Address:

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		Apt. #	City	State	Postal / Zip Code

1st Parent/Guardian Name:

<input type="text"/>		<input type="text"/>		<input type="text"/>
First		Last		Relationship to Participant

Phone Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
###	###	###

Cell Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
###	###	###

Email Address:

2nd Parent/Guardian Name:

<input type="text"/>		<input type="text"/>		<input type="text"/>
First		Last		Relationship to Participant

Phone Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
###	###	###

Cell Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
###	###	###

Email Address:

Participant School:

Name

Participant Teacher:

First, Last Name

School Phone Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
###	###	###

### Emergency Contact Information:

Please fill out if different from above information.

Emergency Contact 1:

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Last		###	###	###

Emergency Contact 2:

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Last		###	###	###

## SECTION 2 - HEALTH INFORMATION

### Primary Disability:

Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> ADD/ADHD        | <input type="checkbox"/> HEARING  |
| <input type="checkbox"/> AUTISM SPECTRUM | <input type="checkbox"/> INTELLECTUAL DISABILITY                                      |
| <input type="checkbox"/> DOWN SYNDROME   | <input type="checkbox"/> LEARNING   |
| <input type="checkbox"/> EMOTIONAL       | <input type="checkbox"/> PHYSICAL   |
| <input type="checkbox"/> EPILEPSY        | <input type="checkbox"/> SPEECH   |
| <input type="checkbox"/> ODD             | <input type="checkbox"/> 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.

- |  |  |
|--|--|
| <input type="checkbox"/> ARTS AND CRAFTS<br><input type="checkbox"/> BOARD/TABLE GAMES<br><input type="checkbox"/> COOKING<br><input type="checkbox"/> DANCING<br><input type="checkbox"/> FITNESS/PHYSICAL<br><input type="checkbox"/> MUSIC<br><input type="checkbox"/> WATER ACTIVITY | <input type="checkbox"/> OUTDOOR ACTIVITIES<br><input type="checkbox"/> PUZZLES<br><input type="checkbox"/> READING/STORY TIME<br><input type="checkbox"/> SENSORY ACTIVITIES<br><input type="checkbox"/> TEAM SPORTS<br><input type="checkbox"/> VAN RIDES<br><input type="checkbox"/> 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.)

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## 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?

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### Independence & Safety:

Please check all that apply.

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

## SECTION 5 - COMMUNICATION & SAFETY INFORMATION CONTINUED

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

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## 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 cochlear device (caution at water activity?)				

Additional comments: \_\_\_\_\_

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

FOR MORE INFORMATION EMAIL [REC.INCLUSION@MONTGOMERYCOUNTYMD.GOV](mailto:REC.INCLUSION@MONTGOMERYCOUNTYMD.GOV)