



Village of Algonquin Events & Recreation Inclusion Request Form

DIRECTIONS: The information listed on this application will be used strictly for the purpose of providing a safe, therapeutic and appropriately challenging program for each participant. This form will only need to be completed once. If updates need to be made to your child's form, please contact the Events and Recreation Department. Please carefully and legibly respond to all questions/sections with as much information as possible.

Return this form to: 2200 Harnish Drive, Algonquin, IL 60102 Attention: Recreation Inclusion.

Today's Date: _____
Month Date Year

This form is being completed by: _____
First Last

Participant's Name: _____
First Last

Primary Caregiver's Name: _____
First Last

School Participant Attends: _____

Primary Special Need: _____

Level of Severity: Mild Moderate Severe Profound

Secondary Special Need: _____

Level of Severity: Mild Moderate Severe Profound

1. What goals or expectations do you have of your child from participation in recreation programs?

2. What are your child's expectations?

The following sections review questions that will help us gauge how to work with your child and best support their needs. Please carefully read each question and appropriately respond with as much information as possible.

COMMUNICATION & SOCIAL SKILLS

1. How does your child communicate?

- Verbally Non-Verbally If non-verbally, how does your child communicate?
Sign Language Communication Board Other, Explain_____
-

2. If your child has difficulty communicating, what is the degree of difficulty?

- Mild Moderate Severe Profound

3. What learning technique works best for your child?

- Demonstration Verbal prompts Physical prompts
Hand-over-hand teaching Buddy Combination Other

4. Is your child able to listen to and follow directions?

- No Yes, Explain_____
-

5. Does your child work well in small groups (5-10 people)?

- No Yes, Explain_____
-

6. Does your child work well in large groups (11+ people)?

- No Yes, Explain_____
-

7. Does your child interact well with peers and adults?

- No Yes, Explain_____
-

BEHAVIOR MANAGEMENT SKILLS

1. Is there a behavior management plan in place at school?
No Yes, Explain_____

2. Are there any necessary IEP goals we should be aware of that will help us in your child attaining these goals?
No Yes, Explain_____

3. Has your child participated in group extra-curricular activities or leisure opportunities before attending the Village of Algonquin Events & Recreation Programming?
No Yes, Explain_____

4. Please indicate if your child has any behavior and/or personality that we should be aware of?

<input type="checkbox"/> Withdrawn/shy	<input type="checkbox"/> Easily discouraged
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Runs away
<input type="checkbox"/> Tantrums	<input type="checkbox"/> Short attention span
<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Bites
<input type="checkbox"/> Pulls hair	<input type="checkbox"/> Physically harms self
<input type="checkbox"/> Physically harms others	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Self stimulation	<input type="checkbox"/> Tactile intolerance
<input type="checkbox"/> Other (please describe)	

Comments:_____

5. Are there specific instances or stimuli that trigger behaviors?
No Yes, Explain_____

6. Is a behavior management plan currently being used?
No Yes, Explain_____

7. Does your child have difficulty with transitions?
No Yes, Explain_____

8. Are there activities or items the participant especially enjoys that can be used to reinforce good behavior or decrease acting out behaviors?
No Yes, Explain_____

PHYSICAL SKILLS

1. Does your child have fine motor skill limitations (e.g., grasping, manipulating objects)?
No Yes, Explain_____

2. Does your child have gross motor skill limitations (e.g., walking, throwing, jumping, running, etc.)?
No Yes, Explain_____

3. Does your child have any sensitivity to light or temperature? (i.e. sun brightness or overheats easily)?
No Yes, Explain_____

4. Does your child use/wear any of the following?
Glasses Hearing Aid Contact Lenses
Orthopedic Devices Prosthetic Device Dentures
Wheelchair Crutches/Cane

Comments:_____

5. What level of assistance is needed with mobility?
Totally independent Occasionally needs assistance
Always needs assistance of another person Independent on flat surfaces only
Walks with Braces/Crutches/Cane Tires easily
Uses wheelchair for all mobility Uses wheelchair for long distances

Comments:_____

6. What level of assistance is needed for feeding?
Requires no assistance Uses adaptive devices
Needs total assistance with meals Requires tube feeding
Has special dietary needs (please describe) Has food allergies (please describe)
Is mainly independent, but needs occasional help

Comments:_____

7. What considerations need to be considered when working with your child?
Will stay with group Able to say name and phone number
Can manage own money Can be held responsible for own belongings
Can recognize danger Oriented to people
Can swim independently

Comments:_____

8. What level of assistance is needed for toileting?
Totally independent in toileting Needs assistance getting on and off toilet
Needs assistance wiping Needs assistance dressing self
Has frequent accidents, but will use toilet if cued Not toilet trained
Has a catheter Will wear diapers/depends to program

Comments:_____