

Middletown Township Department of Recreation

Inclusion Profile

To enable us to create a positive experience for the participant please complete the applicable sections of this form with as much detail as possible. If a section does not pertain to the participant, please mark "N/A". Participant information will only be shared with pertinent recreation staff; profiles must be updated annually and as significant changes occur.

As a reminder, the Minimum Eligibility Requirements to participate in our program are:

- ❖ Must meet the grade requirement of the program
- ❖ Must follow the rules of conduct
- ❖ Must be able to tolerate and function, with assistance if needed, as a member of a larger social group (12 or more people)
- ❖ Must have the ability to use consistent form of communication and follow simple directions
- ❖ Must have the ability to maintain personal hygiene functions, specifically toileting needs

Participant	Age	DOB	Grade (Fall)	Sex
Address				
City	Zip	Phone		

Disability Classification

Emergency Contacts – Parent/Guardian will always be called; in the event the P/G cannot be reached, please list 2 other contacts.

Parent/Guardian Name		
Address (if different from above)		
Home Phone	Work Phone	Cell Phone

Emergency Contact #1 (other than Parent Listed Above)	
Phone	Relationship to Participant

Emergency Contact #2 (other than Parent Listed Above)	
Phone	Relationship to Participant

Accommodation Requests – Please check all that apply.

Will requirements are needed for the participant to be successful?

Braille/Large Print Materials Personal Aide Sign Language Interpreter Wheelchair
 Other _____

Please explain any of the above _____

General Health and Disability Information – Please check all that apply and comment briefly in the space provided.

Does the participant have or is participant subject to:

Allergies Asthma/Bronchitis Diabetes
 Dizziness/Headaches Heart Disease Heat Exhaustion/Dehydration
 Seizures Sunburn Susceptible to Skin Irritations

Please explain any of the above _____

Does the participant have any food allergies?	N Y	
Is the participant on a special diet?	N Y	
Does the participant use/have any rescue medications? (Ex. Benadryl with Epi-Pen, Epi-Pen, Asthma Inhaler)	N Y	
Does the participant have any hearing deficits?	N Y	
Does the participant have hearing aids or cochlear implants?	N Y	
Can the participant read lips?	N Y	
Does the participant use sign language?	N Y	
Does the participant have any vision deficits?	N Y	
Does the participant wear glasses or contact lenses?	N Y	
Does the participant use a cane or need someone to sight guide them?	N Y	

Mobility – Please check all that apply and comment briefly in the space provided.

Is the participant ambulatory (able to walk/run without assistance)? No Yes

Please indicate assistive devices used for mobility:

Braces Cane Crutches Walker Wheelchair (Manual/Electric)

If the participant uses a wheelchair, does he/she need assistance with transfers? No Yes

Please explain any of the above _____

Communication and Language – Please check all that apply and comment briefly in the space provided.

Primary means of communication:

Can be understood by others Speaks but is difficult to understand Uses sign language
 Gestures Uses communication board/device Non-verbal

Receptive Language:

Has good auditory processing Responds to 1-step directions
 Understands simple commands Follows directions in a small group
 Follows directions in a large group

When teaching new techniques/skills it is best to:

Demonstrate the technique/skill Use verbal prompts Use hand over hand teaching
 Have directions in a written format Other _____

Daily Living Skills – Please check all that apply and comment briefly in the space provided.

Does the participant need assistance with:

Eating/Drinking (ex. Cutting food)? No Yes _____

Dressing/Undressing (ex. Tying shoes, fastening buttons, prompts needed)? No Yes _____

If an emergency occurs, is the participant able to care for his/her toileting needs? No Yes

If no, what kind of assistance is needed with toilet and hygiene practices? _____

Socialization – Please check all that apply and comment briefly in the space provided.

<input type="checkbox"/> Interacts well with peers	<input type="checkbox"/> Does not interact well with peers	<input type="checkbox"/> Interacts well with adults
<input type="checkbox"/> Does not interact well with adults	<input type="checkbox"/> Prefers large groups	<input type="checkbox"/> Prefers small groups
<input type="checkbox"/> Plays cooperatively in a group	<input type="checkbox"/> Tolerates noise	<input type="checkbox"/> Does not tolerate noise

How does the participant respond to a new environment? _____

How can we help transition him/her to a new environment? _____

Behavior/Personality

Please attach Behavior Modification Plan if applicable

Comment briefly on the participant's general behavior and moods (ex. Happy, shy, etc). _____

Please list examples of anything you feel may result in a change of the participant's behavior. _____

Describe in detail a behavior outburst/incident: _____

Are you or the participant's current day program/school using any behavior modification program? (Praise, material reinforcers, token system, contracts, time outs, etc.) No Yes _____

List activities and items that the participant enjoys that can be used to reinforce good behavior: _____

Does the participant have any behaviors the staff needs to be aware of? (Ex. Wandering, running away, physically harming self/others, self-stimulation): No Yes _____

Does the participant have any particular dislikes or fears? No Yes _____

Program Information

Please list the program name and dates that the participant is registered for:

Program Goals

To increase his/her interest in an activity or topic To learn a new skill Socialization
 Other _____

What are your specific goals/expectations for this inclusive experience?

Is there any other information that would be helpful to the program staff?

In order to better assist your child, will you allow the Inclusion Director to obtain a copy of your child's IEP?

No Yes

If needed, will you allow the Inclusion Director to contact your child's case manager for more information?

No Yes School _____ Case Manager _____

I have filled this form to the best of my ability. I certify that all information is accurate and correct.

Signature

Date

Thank you for your application. Our Inclusion Manager will be in contact.