



Participant Profile

Program name and location:

Person completing form:

Relationship to participant:

Date form completed:

Personal Information		
Participant Name:	Age:	Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian: E-mail:	Address:	Home Phone#: Work Phone#: Cell #:
Participant's Disability(ies):	School: IEP/504 <input type="checkbox"/> YES <input type="checkbox"/> NO Copy attached <input type="checkbox"/> YES <input type="checkbox"/> NO	Emergency Contact: Name: Phone#: Work #:
<p>NOTE: It is strongly recommended that you provide Recreation and Parks a copy of your child's IEP/504 plan and updates as they occur.</p>		

Health Information	
A. Medical condition(s) (diabetes, asthma, allergies). Will it limit participation? IF YES SEE NOTE BELOW	Are there any dietary restrictions or food allergies?
Medications or medication devices/procedures:	Will the participant require medication distribution during program hours? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES SEE NOTE BELOW
<p>NOTE: If you/your child have ever had a seizure, please complete the Seizure Action Plan.</p>	
<p>NOTE: If you/your child will take medication during program hours, please complete the Medication Order form.</p>	
<p>NOTE: If you/your child has asthma, please complete the Asthma Action Plan.</p>	
<p>NOTE: If you/your child has diabetes, please complete the Diabetes Action Plan.</p>	
<p>NOTE: ALL children enrolled in the before and after care program MUST have a current and accurate Health Inventory signed by a doctor on file. This form must be updated when there are significant health/diagnosis changes.</p>	

Communication

What is the participant's primary means of communication (i.e. speech is clear; uses gestures or sign language; picture communication system; other)?

Speech is Clear
 Uses Gestures
 Uses American Sign Language
 Uses Pictures
 Uses PECS
 Other (please explain):

Activities of Daily Living

	Independent	Needs some assistance	Needs full assistance	Comments (i.e. assistive devices)
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (please explain)				

Safety

(Please check all that apply)

Stays with group
 Recognizes danger
 Communicates name and phone number
 Manages own money
 Responsible for own belongings
 Swims Independently
 Wanders, elopes or runs away
 History of aggressive behavior.
 Other (manages own forms/documents, etc.):

Socialization

(Please check all that apply)

<input type="checkbox"/>	Uses appropriate touch	<input type="checkbox"/>	Able to wait turn	<input type="checkbox"/>	Tolerant of noise levels
<input type="checkbox"/>	Shows interest in others	<input type="checkbox"/>	Can listen and follow directions with effective communication	<input type="checkbox"/>	Cooperates with staff/adults
<input type="checkbox"/>	Is tolerant of others, not easily agitated	<input type="checkbox"/>	Prefers to be alone	<input type="checkbox"/>	Prefers small groups (less than 10)
<input type="checkbox"/>	Will sit quietly to watch a program/movie	<input type="checkbox"/>	Enjoys outings	<input type="checkbox"/>	Prefers large groups (10 or more)

Comments:

Is there any additional information that would be helpful to program staff?
 Yes (please explain)
 No

Participant Behavior

A. Comment briefly on the participant's general behavior and moods (i.e. happy, cautious, shy, etc.)

B. Does the participant exhibit any of the following behaviors? Please explain.

Behavior (Check all that apply)	How do you redirect/manage this behavior?
------------------------------------	---

<input type="checkbox"/> Withdrawn/shy	
<input type="checkbox"/> Easily discouraged	
<input type="checkbox"/> Hyperactive	
<input type="checkbox"/> Runs away	
<input type="checkbox"/> Short attention span	
<input type="checkbox"/> Easily distracted	
<input type="checkbox"/> Bites	
<input type="checkbox"/> Physically harms self/others	
<input type="checkbox"/> Uses inappropriate language/gestures	
<input type="checkbox"/> Manipulative	
<input type="checkbox"/> Wanders/Elopes	
<input type="checkbox"/> other	

C. Is there a behavior management plan in place? Yes No (If yes, please explain and/or attach copy.)

D. What are some motivations for the participant?

E. Does the participant have any strong fears? If so, what are they? (i.e., thunderstorms, bees, dogs, etc.)

F. What causes or triggers behaviors?

G. Describe the best way to transition from activity to activity.

Activity

A. Please describe any activities in which the participant may require special assistance (i.e. using scissors, tying laces, etc.)?

B. Best method of assistance (check all that apply):

<input type="checkbox"/>	Step-by-step instruction	<input type="checkbox"/>	Verbal Prompts	<input type="checkbox"/>	Peer Buddy	<input type="checkbox"/>	Hand-over-Hand
<input type="checkbox"/>	Demonstrations	<input type="checkbox"/>	Physical Prompts	<input type="checkbox"/>	Equipment/adaptations	<input type="checkbox"/>	Other

Comments:

C. Are there any activities the participant particularly likes/dislikes?

Likes:

Dislikes:

D. Do you have concerns about the participant's participation in traditional program activities and celebrations?

E. Is this the first SMC R&P experience for the participant? Yes No
If "no", what other program or event?

F. Is this the first inclusive experience for the participant (i.e. school, Girl Scouts, church, etc.)?
 Yes No If "no", please describe?

What are your expectations for the participant in the Program (i.e., increase socialization, skill development)?

Acknowledgement (to be filled out by parent/guardian for participant under 18 years of age):

- I understand that the Support Staff does not dictate the structure of the program, and should I have concerns about the structure of the program, I should contact the program supervisor.
- I understand it is my responsibility to provide the Support Staff with the most current information regarding the participant and his/her abilities to assist in making modifications to meet his/her needs.
- I understand it is my responsibility to inform support staff if there are any changes to the information I have provided on the participant as soon as a change occurs.
- I understand it is my responsibility at the time of EVERY program registration to indicate that accommodations are needed and understand I will be contacted about what accommodations if any would be appropriate based on the specific program goals.
- I understand that the participant is subject to the St. Mary's County Recreation and Parks policies for program safety, including parent conferences, temporary suspension, time outs, changes in the support plan, changes in staff, and changes in program participation.

Minimum Requirements for Successful Inclusion

The basic eligibility requirements for all programs, camps, classes and events are listed below. These basic requirements apply to all participants, regardless of ability level. There may be additional requirements for each program, camp or class.

- The capacity for each program is based on ratio and logistics. If the maximum enrollment for a program has been met, a participant may be unable to enroll or placed on a wait list.
- Payment is due upon registration. Payments must be received before admission into any program.
- All participants are required to follow the rules of conduct in the parent handbook. An individual with a disability may be removed from a program if after interventions and accommodations their behavior is a direct threat to others.
- Participants must be able to maintain personal care without support of R&P staff or volunteers.
- Participants should meet the prerequisite age/ skills for the class or program (if required for participation)
- Participant should be willing to participate and actively participate in the program the majority of the time.
- Ability to function with or without assistance as a member of a larger group (10 or more people)

I certify that all of the information indicated on this form is complete and accurate to the best of my knowledge and I acknowledge the rules and guidelines above. It further understood that all participant profile information is CONFIDENTIAL and will ONLY be shared with Support Staff and appropriate supervisors.

Participant or Parent/Guardian

Date:

Please send your form to: crystal.haislip@stmaryscountymd.gov

For office use only:

Support Requested

Support Declined

Support Recommendation:

Date Received: [Click here to enter a date.](#)

Review Meeting Date: [Click here to enter a date.](#)

FORMS ON FILE (scanned in person profile in RecTrac)

- Asthma Action Plan Yes No
- Diabetes Action Plan Yes No
- Seizure Action Plan Yes No
- Medication Order Form Yes No
- Current Health Inventory Form Yes No

Staff Comments: