



Participant Intake Assessment

Form should be completed by participant or guardian and returned to the Recreation Department no later than **June 3rd**. Please complete all forms thoroughly and accurately as inclusion plans are written based on the information provided in this paperwork, the intake meeting, and the Inclusion Director's assessment of the participant

Participant Name:	Age:
Gender Identity:	Grade:
School:	
Diagnosis and/or nature of participants needs:	
Type of support participant typically receives: <input type="checkbox"/> Group / Social Support <input type="checkbox"/> 1:1 Support <input type="checkbox"/> ADL / Medical / Full Assistance	

Health Information

Please list any medical conditions staff should be aware of:		
Is there any medication that would need to be distributed during a program:	Y	N
Are there any allergies: If yes, please elaborate on the medical protocol to be followed in case of an allergic reaction:		
Are there any dietary restrictions:	Y	N
If yes, please elaborate:		

Physical

Does the participant utilize any assistive devices?	Y	N			
If yes, please check any devices used:	Wheelchair	Walker	Braces	Crutches	Cane
Does the participant have a visual impairment:	Y	N			
Does the participant have a hearing impairment:	Y	N			
Does the participant experience any physical limitations that may impact participation (endurance, balance, low muscle tone, gait etc.) :					

Activities of Daily Living

Mobility <input type="checkbox"/> Independent <input type="checkbox"/> Needs some assistance <input type="checkbox"/> Needs full assistance	Transfers <input type="checkbox"/> Independent <input type="checkbox"/> Needs some assistance <input type="checkbox"/> Needs full assistance	Eating <input type="checkbox"/> Independent <input type="checkbox"/> Needs some assistance <input type="checkbox"/> Needs full assistance
Toileting <input type="checkbox"/> Independent <input type="checkbox"/> Needs some assistance <input type="checkbox"/> Needs full assistance	Dressing <input type="checkbox"/> Independent <input type="checkbox"/> Needs some assistance <input type="checkbox"/> Needs full assistance	Personal Hygiene <input type="checkbox"/> Independent <input type="checkbox"/> Needs some assistance <input type="checkbox"/> Needs full assistance

Cognitive & Communication

Is the participant able to follow directions: <input type="checkbox"/> Independently <input type="checkbox"/> With verbal prompting <input type="checkbox"/> With step-by-step assistance		
Participant can follow: <input type="checkbox"/> 1 step directions <input type="checkbox"/> 2 step directions <input type="checkbox"/> 3 step directions		
Does the participant have a short attention span: <table style="margin-left: 400px;"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N
Y	N	

What setting is most successful for the participant:

- Structure
- Unstructured
- Both

What style of learning is most successful for the participant:

- Modeling
- Visual support
- Written directions
- Verbal prompts
- Step-by-step assistance
- Other

Can the participant read:

Y

N

If yes, does the participant read:

At grade level

Below grade level

Participants Level of Communication - Please check all that apply

- Verbally Independent
- Speech Delay
- Communication Aid
- Sign Language

Does the participant verbally advocate for themselves (needs, wants, feelings)?

Y

N

Safety

Is the participant able to stay with a group:

Y

N

Does the participant have a history of wandering:

Y

N

Can the participant recognize danger:

Y

N

Can the participant manage their own belongings:

Y

N

Behaviors

Does the participant get frustrated by others easily:	Y	N
Does the participant experience hyperactivity:	Y	N
Does the participant bolt/elope unexpectedly:	Y	N
Is the participant typically oppositional/defiant:	Y	N
Can the participant manage their own emotions:	Y	N
Can the participant control their impulses:	Y	N
Does the participant exhibit verbal outbursts:	Y	N
Does the participant exhibit any physically aggressive behaviors:	Y	N
If yes, towards self or others:		
Please list any possible triggers for aggressive behavior:		
Please describe any warning signs of anxiety, frustration or behavior escalation:		

Social

How does the participant socialize: <input type="checkbox"/> Initiates social interaction on their own <input type="checkbox"/> Socializes with prompting <input type="checkbox"/> Avoids social interactions
Does the participant prefer: <input type="checkbox"/> Being alone <input type="checkbox"/> Being with peers <input type="checkbox"/> Being with staff

Does the participant have difficulty sharing or taking turns:	Y	N
How does the participant do with transitions:		
<input type="checkbox"/> Great <input type="checkbox"/> OK <input type="checkbox"/> Not Well		
Are there any tools that help the participant with transitions:		
What setting is the participant most successful in:		
<input type="checkbox"/> Large groups <input type="checkbox"/> Small Groups <input type="checkbox"/> Both		
Does the participant maintain personal boundaries:	Y	N
Does the participant understand social cues:	Y	N

Sensory

Is the participant sensory seeking or sensory sensitive:

- Seeking
- Sensitive
- Combination

Please indicate if the participant seeks or avoids (S or A) any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Bright lights | <input type="checkbox"/> Busy environments |
| <input type="checkbox"/> Hot / Cold | <input type="checkbox"/> Smells |
| <input type="checkbox"/> Touch | <input type="checkbox"/> Textures |
| <input type="checkbox"/> Fidgets | <input type="checkbox"/> Sounds / Loud noises |
| <input type="checkbox"/> Water Gross motor | <input type="checkbox"/> Deep pressure / "Heavy Work" |
| | <input type="checkbox"/> Chewable objects |

Any additional sensory information:

Tips & Tools

Are there any behavior techniques used at home/school that work well:

What motivates the participant (ex: rewards, positive praise):

What are some interests / likes of the participant:

What are some dislikes or fears of the participant:

What are some of the participants strengths:

What are some areas of improvement for the participant:

Would the participant benefit from any of the following:

- Visual Schedule
- Reward Chart
- Social Story
- Written Schedule
- Verbal Reminders
- Timers
- First / Then Chart
- Other: please list

Goals

Please identify any participation goals:

- | | |
|---|--|
| <input type="checkbox"/> Active listening | <input type="checkbox"/> Engagement / Participation |
| <input type="checkbox"/> Spatial awareness / Body control | <input type="checkbox"/> Behavior management |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Staying with a group |
| <input type="checkbox"/> Social interactions | <input type="checkbox"/> Peer connections |
| <input type="checkbox"/> Fine / Gross motor skills | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Leisure / Recreation exposure |
| <input type="checkbox"/> Coping skills | <input type="checkbox"/> Flexible thinking |
| <input type="checkbox"/> Communication | <input type="checkbox"/> FUN! |
| <input type="checkbox"/> Other: | |

Any additional information you would like to share:

Participant / Caregiver Signature:

Date:

By signing this form you agree to this information being shared with staff members of the Peabody Recreation department.

School Information

If your child receives support at school, it can be beneficial for the Inclusion Director to gain insight on the participants social behavior. Information provided is used to create inclusion plans for participants and ensure staff have adequate information to provide the best support possible to ensure a successful experience for the participant.

Participant Name:	
School:	Grade:
Parent / Guardian Name:	
Email Address:	Phone Number:

What type of classroom is the participant in:		
<input type="checkbox"/> Mainstream/General Education		
<input type="checkbox"/> Inclusion		
<input type="checkbox"/> Specialized/Substantially Separate		
Does the participant have a paraprofessional:	Y	N
Does the participant have an IEP or 504 plan:	Y	N
If yes, will you be sharing the participants IEP/504:	Y	N
Does the participant have a behavior intervention plan:	Y	N
If yes, will you be sharing the behavior plan:	Y	N

Parent / Guardian
Signature:

Date: