



Participant Intake Assessment

Form should be completed by participant or guardian and returned to the Recreation Department no later than 2 weeks prior to the first day of program. Please complete all forms thoroughly and accurately as inclusion plans are written based off the information provided in this paperwork, the intake meeting and the Therapeutic Recreation Specialist'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:	
Group / Social Support	1:1 Support
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 Independent Needs some assistance Needs full assistance	Transfers Independent Needs some assistance Needs full assistance	Eating Independent Needs some assistance Needs full assistance
Toileting Independent Needs some assistance Needs full assistance	Dressing Independent Needs some assistance Needs full assistance	Personal Hygiene Independent Needs some assistance Needs full assistance

Communication

Participant level of communication (please check what applies):			
Verbally Independent	Speech Delay	Communication Aid	Sign Language
Does the participant verbally advocate for themselves (needs, wants, feelings):			
	Y	N	

Cognitive

Is the participant able to follow directions:			
Independently	With verbal prompting	With step-by-step assistance	
Participant can follow:			
	1 step directions		
	2 step directions		
	3 step directions		
Does the participant have a short attention span:			
	Y	N	
What setting is most successful for the participant:			
	Structured	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 age level	Below age level	

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 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:	Initiates social interaction on their own Socializes with prompting Avoids social interactions		
What does the participant prefer:	Being alone	Being with peers	Being with staff
Does the participant have difficulty sharing or taking turns:	Y	N	
How does the participant do with transitions:	Great	OK	Not Well
Are there any tools that help the participant with transitions:			
What setting is the participant most successful in:	Large groups	Small Groups	Both
Does the participant maintain personal boundaries:	Y	N	
Does the participant understand social cues:	Y	N	

Sensory

Is the participant sensory seeking or sensitive sensitive:	Seeking	Sensitive	Combination
Please indicate if the participant seeks / avoids (S / A) any of the following:			
Bright lights			Busy environments
Hot / Cold			Smells
Touch			Textures
Fidgets			Sounds / Loud noises
Water			Deep pressure / "Heavy Work"
Gross motor			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	First / Then Chart
Written Schedule	Verbal Reminders	Timers	Other:

Goals

Please identify any participation goals:

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

Any additional information you would like to share:

Participant / Caregiver Signature:	Date:
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By signing this form you agree to this information being shared with members of the Lexington Recreation and Community Programs department.

Please return the form to kdeangelis@lexingtonma.gov.



School Information Request

If your child receives support at school, it can be beneficial for the Therapeutic Recreation Specialist to contact their teacher to gain insight on the participants social behavior. This 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:	Mainstream	Inclusive	Specialized
Does the participant have an aide:		Y	N
Does the participant have an IEP:		Y	N
If yes, will you be sharing the participants IEP:		Y	N
Does the participant have a behavior intervention plan:		Y	N
If yes, will you be sharing the behavior plan:		Y	N
Do you consent to the Therapeutic Recreation Specialist contact your child's teacher via written or verbal communication?		Yes	No
Do you consent to your child's teacher / aid completing a participant information form? <i>This form contains information regarding the type of support received at school as well as social behavior.</i>		Yes	No

Teacher's Name:
Email Address:

Parent / Guardian Signature:	Date:
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