

Town of
KERNERSVILLE
 PARKS & RECREATION

Adaptive and Inclusion Services: Participant Information Form

Thank you for your interest in participating in one of our programs! Kernersville Parks and Recreation Department is committed to facilitating recreation opportunities that are safe and enjoyable for everyone. This information will be used to determine what modifications and/or supports are needed to successfully participate in our activities.

Note: All information is voluntary and confidential. Information is shared only with staff members who will be working directly with the participant.

BACKGROUND INFORMATION	
Participant	Comments
Name	
Date of Birth	
Parent(s)/Guardian(s) Name	
Contact	Phone: Email:
Diagnosis	Primary: Secondary:
Allergies/Dietary Restrictions	
Medical Precautions/ Contraindications	(Example: shunts, vestibular balance-related restrictions)
About Participant	Comments
Preferred Recreational Activities	
Entertainment Interests	
Non-preferred Activities	
Motivators	

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Communication				
Method (check all that apply)				Comments
Spoken Voice				
Sign Language				
Augmentative and Alternative Communication Device				
Gestures/Leads/Guides				
Other (please explain)				
Expression	Independently	Partial Assistance	Total Assistance	Comments
Communicates Clearly				
Requests Help				
Expresses personal needs (bathroom, pain, agitation)				
Express wants (objects, activities, locations)				
Social	Independently	Partial Assistance	Total Assistance	Comments
Interacts with Peers				
Interacts with Staff				
Initiates conversation				
Maintains Conversation				
Respects Personal Space				
Shares with Others				
Takes Turns with Others				

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ACTIVITIES OF DAILY LIVING				
Mobility (check all that apply)			Comments	
Physically Independent				
Requires assistance with stairs, inclines, or uneven ground				
Uses Mobility Equipment			Type:	
Personal Care	Independently	Partial Assistance	Total Assistance	Comments
Dressing Skills				
Restroom Skills				
Eating Skills				
Wheelchair Transfer Skills				Preference:
Recreation	Independently	Partial Assistance	Total Assistance	Comments
Push				
Pull				
Lift				
Bend				
Twist				
Reach				
Balance				
Run				
Jump				
Swim				
Crawl				
Kick				
Throw				
Catch				
Grasp				
Pinch				
Other				

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BEHAVIOR		
Personality (check all that apply)		
Excitable	Sociable	Outspoken
Active	Withdrawn	Cooperative
Passive	Sensitive	Uncooperative
Quiet	Inquisitive	Aggressive
Friendly	Easily Discouraged	Shy
Other/Comments:		
Distress Triggers (check all that apply)		
Activity Transitions	Light	Schedule Changes
Location Transitions	Noise	Temperature
Physical Touch	Being told “no”	Non-preferred activities
Tired	Hunger	Unfamiliar activity/task
Other/Comments:		
Challenging Behaviors (check all that apply)		
Yelling	Verbal Threats	Hitting
Kicking	Grabbing	Pinching
Property Destruction	Elopement	Biting
Self-harm (explain)	Gets “stuck” in one place	Eats non-edibles (Pica)
Refusal	Repetitive Thoughts	Cursing
Impulsive	Defiant	Repetitive Phrases
Other/Comments:		

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BEHAVIOR CONTINUED				
Current Behavior Management Techniques (check all that apply)				
Sequence (first_, then_)	Redirection	Break from activity		
Visual Prompt	Transition Cue	Reward System		
Firm Voice	Timer/Countdown	Sequence Activity Steps		
Noise cancelling headphones	Calming area	Self-soothe items		
Other/Comments:				
Safety Considerations	Independently	Partial Assistance	Total Assistance	Comments
Stays with group				
Recognizes danger				
Demonstrates vehicle safety				
Watches for vehicles (parking lots, crossing streets)				
Demonstrates Stanger awareness				
Listens to authority				
Follows 1-2 step directions				
Follows multi-step directions				
Other/Comments:				

All participants must adhere to Kernersville Parks and Recreation Department Adaptive and Inclusive Services Policies. All policies can be found at <https://kvparks.com/recreation-programs/adaptive-inclusion-services>. If you have further questions, please call our office at 336-996-3062, or email our Adaptive and Inclusion Coordinator at cjohnson@toknc.com.

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The Adaptive and Inclusion Services branch is excited to now offer Therapeutic Recreation services to those who wish to have documentation of their progress while participating in our programs. There is no additional cost for these services and are only provided at the expressed wish of the program participant or their support network. Objectives are determined by the participant’s personal goals, dreams, and aspirations. Services are supervised by a Certified Therapeutic Recreation Specialist and North Carolina Licensed Recreational Therapist. If you or your loved one are interested in working on physical, emotional, cognitive, social, spiritual, or leisure awareness goals please fill in the information below and you will be contacted by our Adaptive and Inclusion Coordinator or Therapeutic Recreation Intern.

Please check the goal areas you are interested in.		
		Examples
	Physical	Health, mobility, endurance, strength, flexibility, energy, activity skills, frequency of being active
	Emotional	Happiness, regulation, self-awareness, self-acceptance, autonomy, competence, optimism
	Cognitive	Concentration, following directions, memory, problem-solving
	Social	Friendship skills, interpersonal skills, reciprocal relationship skills, initiating conversation, leadership, citizenship, confidence
	Spiritual	Hope, inspiration, meaning, purpose, peace of mind, reflection, self-actualization, character, virtue
	Leisure Awareness	Awareness, decision-making, community resources, motivation, enjoyment, satisfaction, self-advocacy

***Developed from the Flourishing Through Leisure Model (Anderson & Heyne, 2012)**