

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	

Town of
KERNERSVILLE
 PARKS & RECREATION

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

Town of
KERNERSVILLE
 PARKS & RECREATION

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

Town of
KERNERSVILLE
PARKS & RECREATION

BEHAVIOR

Personality (check all that apply)

<input type="checkbox"/> Excitable	<input type="checkbox"/> Sociable	<input type="checkbox"/> Outspoken
<input type="checkbox"/> Active	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Passive	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Uncooperative
<input type="checkbox"/> Quiet	<input type="checkbox"/> Inquisitive	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Friendly	<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Shy

Other/Comments:

Distress Triggers (check all that apply)

<input type="checkbox"/> Activity Transitions	<input type="checkbox"/> Light	<input type="checkbox"/> Schedule Changes
<input type="checkbox"/> Location Transitions	<input type="checkbox"/> Noise	<input type="checkbox"/> Temperature
<input type="checkbox"/> Physical Touch	<input type="checkbox"/> Being told "no"	<input type="checkbox"/> Non-preferred activities
<input type="checkbox"/> Tired	<input type="checkbox"/> Hunger	<input type="checkbox"/> Unfamiliar activity/task

Other/Comments:

Challenging Behaviors (check all that apply)

<input type="checkbox"/> Yelling	<input type="checkbox"/> Verbal Threats	<input type="checkbox"/> Hitting
<input type="checkbox"/> Kicking	<input type="checkbox"/> Grabbing	<input type="checkbox"/> Pinching
<input type="checkbox"/> Property Destruction	<input type="checkbox"/> Elopement	<input type="checkbox"/> Biting
<input type="checkbox"/> Self-harm (explain)	<input type="checkbox"/> Gets "stuck" in one place	<input type="checkbox"/> Eats non-edibles (Pica)
<input type="checkbox"/> Refusal	<input type="checkbox"/> Repetitive Thoughts	<input type="checkbox"/> Cursing
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Defiant	<input type="checkbox"/> Repetitive Phrases

Other/Comments:

Town of
KERNERSVILLE
PARKS & RECREATION

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

Town of KERNERSVILLE

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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
<input type="checkbox"/>	Physical	Health, mobility, endurance, strength, flexibility, energy, activity skills, frequency of being active
<input type="checkbox"/>	Emotional	Happiness, regulation, self-awareness, self-acceptance, autonomy, competence, optimism
<input type="checkbox"/>	Cognitive	Concentration, following directions, memory, problem-solving
<input type="checkbox"/>	Social	Friendship skills, interpersonal skills, reciprocal relationship skills, initiating conversation, leadership, citizenship, confidence
<input type="checkbox"/>	Spiritual	Hope, inspiration, meaning, purpose, peace of mind, reflection, self-actualization, character, virtue
<input type="checkbox"/>	Leisure Awareness	Awareness, decision-making, community resources, motivation, enjoyment, satisfaction, self-advocacy

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