



Carson City Parks, Recreation and Open Space

Inclusive Services Form

Name: _____ Date Completed: _____

Program: _____ Age: _____ Grade: _____

Person filing out form: _____ Relationship to participant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The following questions are for assessment purposes and may be used to assist staff in determining modifications, as stated by the ADA. Modifications will be made on a case by case basis. Please provide as much information as possible so we can better meet your needs. If at any time there are changes to this information, please contact the Adaptive Recreation Specialist, Charmaine Samaniego, at 775-283-7424 or at csamaniego@carson.org to arrange for changes on the form.

This information is voluntary and is not confidential.

Please check all that apply and explain if applicable

Diagnosis

- Primary Diagnosis _____
- Secondary Diagnosis _____

Medications

Please check all that apply and explain if applicable

This is for our information only. Parks and Recreation Staff will administer any medications. Please have a participant take their medication before the program or have someone come in to administer the medication for the participant if they can't administer themselves.

- Medication 1. _____ 2. _____ 3. _____ 4. _____
- Dosage _____
- Frequency _____

- Does not take medications

Physical

Please check all that apply and explain if applicable

- Walks Independently _____
- Walks with assistive devise _____
- AFO or Brace _____
- Crutches or Walker _____
- Other _____

- Manual Wheelchair _____
- Electric Wheelchair _____
- Transfers to/from wheelchair independently _____

Daily Living Skills

Please check all that apply and explain if applicable

- Toilets independently _____
- Eats independently _____
- Understands safety issues _____
- Other _____

Social Interactions with Peers

Please check all that apply and explain if applicable

- Age Appropriate _____
- Shy or withdrawn _____
- Aggressive _____

Miscellaneous Conditions

Please check all that apply and explain if applicable

- Allergy _____
- Seizure _____
- Phobias or Fears _____
(Example: Afraid of water)
- Glasses or Contacts _____
- Hearing aids _____
- Other _____

Behavioral Issues

Please check all that apply and explain if applicable

- Age Appropriate _____
- Behavioral Plan or IEP _____
- Self Injures _____
- Aggressive _____
- Defiant _____

Communication Skills Please check all that apply and explain if applicable

- Verbally Independent _____
- Speech Impairment _____
- Communication Aid _____
- Sign-Language or Gestures _____
- Non-Verbal _____

Cognitive Skills Please check all that apply and explain if applicable

- Able to follow directions _____
- Occasionally follows directions _____
- Unable to follow directions _____

What types of activities does the participant enjoy?

Has the participant previously participated in any type of Recreation Program? Yes No

If so, please explain: _____

Does the participant have coping skills? Yes No

If so, please explain: _____

Describe the modifications you are requesting, and any additional information you feel would assist staff in providing a successful experience.
