



Carson City Parks and Recreation Inclusive Services Form

Name: _____ Date Completed: _____

Program: _____ Age: _____ Grade: _____

Email: _____

Person filing out form/Emergency Contact: _____

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 Angel, at 775-283-7424 or at cangel@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Shy or withdrawn _____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.

Parks and Recreation Staff Only

Date Received: _____ Date sent to Adaptive Recreation Specialist: _____ Staff Initials: _____

Entered By: _____ Date: _____

Initial Follow up information:

Date of follow up: _____ Staff Initials: _____