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Tualatin Hills Park & Recreation District Inclusion Intake Form for Minors

This form is specifically for participants who need inclusion assistance services.

Please complete this form and return to: Attn: Athletic Center 15707 SW Walker Rd. Beaverton, OR 97006 Email: inclusion@thprd.org ▪ Phone: 503-629-6330

NOTICE: Inclusion Services requests that this form be completed quarterly to keep participant information updated. All information will be kept confidential and shared only with those persons assisting the participant. Questions related to disability and diagnoses are optional. Please provide as much information as you are comfortable with sharing. Information will be used to develop an Inclusion Plan to assist with the success of inclusion.

Date: ________________

Participant Name: ________________________________ Preferred Name: ______________________

Birthdate: ______________ Age: _______ Gender: ☐ Female ☐ Male ☐ Other: _________________

Address: _____________________________ City: ____________________ Zip Code: ______________

Parent/Guardian Name: ___________________________ Relation to Participant: _________________

Day Phone: _______________ Cell Phone: __________________ Email: ______________________

Preferred method of communication: ☐ Email ☐ Cell Phone ☐ Day Phone

Preferred language of communication: ☐ English ☐ Spanish ☐ Other: _______________________

Describe accommodation needed (could include nature of disability): ____ ____ ____ ____

Section 1: EMERGENCY INFORMATION
In case of emergency, if Parent/Guardian is not available, please contact: Name: ______________________________ Relationship: ______________________________ Primary Phone: ________________________ Secondary Phone: ____________________________

Section 2: MEDICAL INFORMATION

Medical conditions? (*diabetes, allergies, seizures, asthma, autism, down syndrome, etc.*) ☐ YES ☐NO

If yes, please specify: ______________________________

____

Hospitalization or change of condition in the last year that we should be aware of? ☐ YES ☐NO
If yes, please specify: ______________________________

____

Are there any dietary restrictions or food allergies/intolerances? ☐ YES ☐NO
If yes, please specify: ______________________________

____

Is the participant currently on any medications? ☐ YES ☐NO
If yes, please specify: (*Attach additional sheets if needed*)

Name of Medication	Dosage	AM	Noon	PM	Reason for Taking
EX: "Depakote"	*125 mg = 1 tablet*	*10:00am*	*n/a*	*2:00pm*	*Controls seizures*

PLEASE NOTE: Staff will not administer medications to participants

MOBILITY

☐Walks Independently ☐Manual Wheelchair ☐Electric Wheelchair ☐Walker ☐Braces ☐Cane
☐Unsteady Balance ☐Uses Mobility Device Independently ☐Needs Mobility Assistance

If needed, how can we assist with mobility: ______________________________

____

____

If assistive devices are used, does the participant use equipment independently? ☐ YES ☐NO

PERSONAL CARE

Please Note: Inclusion Assistants do not provide personal care (including, but not limited to: toileting, dressing, transporting, eating, etc.) for Inclusion Services

VISION/HEARING

☐ Legally blind ☐ Wears glasses ☐ Partial vision ☐ Right vision only ☐ Left vision only
☐ Deaf ☐ Wears hearing aids ☐ Partial hearing ☐ Right hearing only ☐ Left hearing only

COMMUNICATION

Is English the participant's primary language? ☐ YES ☐NO

If no, what is the participant's primary language: ______________________________

Does the participant use formal verbal language to communicate? ☐ YES ☐NO

If no, please indicate preferred method of communication:

☐ Communication Board ☐ ASL/Sign Language ☐ Pictures ☐ Other: ____________________

If needed, how can we assist with communication: ______________________________

____

SENSORY

☐Sensory craving ☐Sensory over-responsivity ☐Sensory under-responsivity ☐Poor motor control

☐Poor postural control ☐Sensitive to: ____Sound _____Touch ______Visual

____Taste _____Smell ______Movement

Sensory needs we should be aware of: ______________________________

____

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Section 3: BEHAVIOR SUPPORT

Does the participant have behavioral concerns at home or in the classroom? ☐ YES ☐NO

If yes, please explain: ______________________________

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____

Does the participant have a behavior plan? ☐ YES ☐NO

If yes, please describe (or attach sheet): ______________________________

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Check all that apply:

- ☐ Able to be left alone
- ☐ Wanders or leaves the group
- ☐ Will ask for assistance when needed
- ☐ Puts self at risk
- ☐ Verbally aggressive to others
- ☐ Easily over-stimulated
- ☐ Recognizes danger
- ☐ Runs away/flight risk
- ☐ Unable to communicate needs
- ☐ Will take other's belongings
- ☐ Physically aggressive to others
- ☐ Easily distracted/difficulty focusing
- ☐ Has specific fears/concerns (if checked please list): ____________________
- ☐ Has specific triggers (if checked please list): ____________________

STRENGTHS

List one or more of the participant's favorite activities or past time: ______________________

____

List one or more of participant's talents (hidden or known): ______________________

____

List one or more activities (recreational, home, school) that the participant is the best at: __________

____

What other clubs, leagues, or activities is the participant involved with: ______________________

____

How is the participant helpful around the home? ______________________

____

What motivates the participant? ______________________

How is the participant successful independently? ______________________

____

Section 4: INCLUSION GOALS

What would you like the participant to gain from our services? ______________________

____

____

What things have contributed to the participant having success in a structured activity? __________

____

____

What things have contributed to the participant not having success in a structured activity? __________

____

Please describe goals in specific areas provided below.

Social skills ☐ YES ☐NO	Communication ☐ YES ☐NO
Engagement ☐ YES ☐NO	Appropriate boundaries ☐ YES ☐NO
Independence skills ☐ YES ☐NO	Motor skills (Fine, gross) ☐ YES ☐NO
Mobility skills ☐ YES ☐NO	Other:________________ ☐ YES ☐NO

Is there anything else you would like to share with us?

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