



Tualatin Hills Park & Recreation District Request for Inclusion Support Form

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

Date: _____

Participant Name: _____ THPRD ID #: _____

Guardian Name: _____ Relation to Participant: _____

Phone: (1st) _____ (2nd) _____ Email: _____

Preferred Language of Communication: English Spanish Other: _____

Please describe accommodation needed (Could include nature of disability):

Has the individual participated in THPRD recreation programs before? Yes No

Has the individual received inclusion services in the last year? Yes No

Qualified individuals with disabilities who wish to participate in THPRD programs with support from inclusion services must send in their quarterly Request for Inclusion Support Form and annual Inclusion Support Form **two (2) weeks prior to the start date of ANY program activity in order to have sufficient time to process paperwork and assign staff to support.**

Name of Class/Activity	Class Number (Starts with 2 Letters)	Location	Date(s)	Time(s)

Please use additional sheets if needed

- RE-APPLICATION REMINDER:** Requests must be completed and signed each term (quarter) to keep information current and to ensure staff availability. Inclusion Support Forms are not considered complete until signed
- INCLUSION SUPPORT FORM:** The Inclusion Support Form must be filled out annually or when changes occur, e.g., change in behavior support, new triggers, diagnoses, updated IEP
- PARTICIPANT/GUARDIAN RESPONSIBILITY:** Participant and/or Guardian is responsible to inform Inclusion Services about additional or deletions to the schedule above as soon as a change occurs. This includes class drops, late arrivals, early pick-ups, planned absences, etc.

Patron Information

Nature of Diagnosed Disability- check all that apply

- Autism Spectrum Down Syndrome ADD/ADHD Sensory Processing Disorder
- Anxiety Oppositional Defiance Disorder Fetal Alcohol Spectrum Disorder
- Cognitive Learning Other: _____
- Attending Northwest Regional ESD
- Has an IEP

Are there any dietary restrictions or food allergies/intolerances?

If yes, please specify: _____

Communication- check all that apply

- Responds to name Intelligible Speech Picture Cues Reads lips
- Communication book Understands simple directions Engages in conversation

Uses sign language: Basic Fluent

How can we help with communication? _____

Sensory- check all that apply

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

Sensitive to: Sound Touch Visual Taste Smell Movement

Sensory needs for us to be aware of: _____

Vision- check all that apply

- Legally blind Wears glasses Partial vision
 Right vision only Left vision only

How can we help with vision? _____

Hearing- check all that apply

- Deaf Wears hearing aids Partial hearing Hears in left ear
 Hears in right ear

How can we help with hearing? _____

Mobility- check all that apply

- Walks independently Manual wheelchair Electric wheelchair
 Walker Braces Cane Unsteady Balance History of Falls
 Uses mobility device independently Needs mobility assistance

Any limitations related to activities? _____

How can we help with mobility? _____

Personal Care

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

Behavior Support

Does the participant have behavioral concerns at home? Yes No

Does the participant have behavioral concerns at school? Yes No

Are you willing to share an IEP if applicable? Yes No

If yes, please describe: _____

When are the behaviors most likely to occur? _____

What techniques are utilized at home and/or school to help de-escalate? _____

Please explain how best to assist participant (methods, directions, visual aides and provide examples if possible.)

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Able to be left alone | <input type="checkbox"/> Recognizes danger |
| <input type="checkbox"/> Wanders or leaves the group | <input type="checkbox"/> Runs away/flight risk |
| <input type="checkbox"/> Will ask for assistance when needed | <input type="checkbox"/> Unable to communicate needs |
| <input type="checkbox"/> Puts self at risk | <input type="checkbox"/> Will take other's belongings |
| <input type="checkbox"/> Verbally aggressive to others | |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Physically aggressive to others |
| <input type="checkbox"/> Easily over-stimulated | <input type="checkbox"/> Easily distracted/difficulty focusing |

Has specific fears/concerns (if checked please list): _____

Has specific triggers (if checked please list): _____

Strengths and Interests

List one or more of the participant's favorite activities or pastimes: _____

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

Check all that apply with participant's preferred types of play

- Peer play Independent play Imaginative play Physically interactive play
 Exploratory play Quiet play Creative play

Inclusion Goals

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

What has contributed to the participant having success in a structured activity? _____

What has contributed to the participant not having success in a structured activity? _____

Participant Goal	How can staff contribute to goal growth and development?
Social Skills	
Appropriate Boundaries	
Communication	
Engagement	
Independence Skills	
Positive Peer Interactions	
Other: _____	

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

Acknowledgement Release

- I understand that THPRD does NOT provide Inclusion Services for drop-in programs.
- I understand that this service is NOT designed for day care services.
- I acknowledge I have read the Inclusion Parent and Guardian Handbook prior to signing this document.
- I understand that the Inclusion Assistant does NOT provide personal care (including but not limited to: toileting, dressing/grooming, transferring, etc.) for Inclusion Services.
- I understand that I nor my child is guaranteed specific staff assignments, or 1 on 1 support.
- I understand that the Inclusion Assistant does not dictate the structure of the program and should I have concerns about the structure of the program, I should contact the Program Coordinator for the specific program that is being attended.
- I agree to release the information from the participant's IEP/ICP (Individualized Education Plan/Individualized Care Plan) and provide a copy of his/her IEP/ICP to Tualatin Hills Park & Recreation District's Inclusion Services upon request (if applicable).
- I agree to give permission to Tualatin Hills Park & Recreation District's Inclusion Services to contact the participant's care team to discuss the information given in the ICP (if applicable).
- I understand that it is my responsibility to provide Inclusion Services with the most current information on the participant and his/her abilities to assist in making accommodation to meet his/her needs. Inclusion services will then communicate this information to the Inclusion Assistant.
- I understand I must notify the Adaptive and Inclusion Specialist and/or the Adaptive and Inclusion Aid if my child is unable to attend a program at least five hours in advance.
- I understand that in case of an Inclusion Assistant emergency, if and when a substitute Inclusion Assistant cannot be found, the participant may attend the program. If he/she is unable to successfully participate in the program, the established progressive discipline system will be followed. If there is a demonstrated safety risk associated with the individual's participation, the individual may be removed from the program for the day.
- **I understand that the participant's accommodation plan does not exempt him/her from following the Tualatin Hills Park & Recreation District's rules & consequences including but not limited to emergency suspension or expulsion if his/her behaviors are beyond our staff's ability to control. This applies to all District programs and/or facilities. The accommodation in place may assist him/her in meeting these rules but does not exempt him/her from following them.**

Guardian Signature: _____

Date: _____