



Supplemental Information Inclusion/Special Needs Questionnaire

Participant Name: _____ Birthdate: _____

Contact person / Requester Name: _____

Phone: _____ email: _____

Verbally state inclusion statement from website:

Inclusion is the concept that people of all abilities can and should have the opportunity to recreate and interact together. Inclusion fosters an environment where everyone feels welcome to participate in the activities or programs of their choice regardless of actual or perceived limitations. All classes offered in the Recreation Guide are available for inclusion. People with special needs are encouraged to register for any activity that they wish to participate in, provided they meet the general class requirements. These requirements include age, gender, and specific class pre-requisites.

Activity(ies) being considered:

What are your current concerns about this Participant's physical, emotional, or behavior performance during the above activity/ies?

What kinds of support are helpful? (ramps, visual or verbal cues, breaks, sensory aids, etc.)

What types of noises, activities, or situations trouble the Participant?

What are their reactions?

Does the Participant have a history of wandering or bolting? Yes No If yes, what are the triggers?

What are some situations in which this Participant thrives?

How can we encourage positive behaviors?

How can we prevent or discourage problem behaviors?

Please tell us anything else helpful pertaining to the needs of the Participant. (use other side for additional information)

Manager: _____ Date of form: _____