North Riverside Parks & Recreation Department
Participant Information Form

Participant Name:_____ Age:____ Grade: _____ Sex: M / F

Primary Disability
Please check all that apply:

___Alzheimer's/Dementia	___ADD/ADHD	___Autism Spectrum Disorder
___Behavior Disorder	___Bipolar Disorder	___Cerebral Palsy
___Diabetic	___Down Syndrome	___Intellectual Disability
___Hard of Hearing/Deaf	___Emotional Disorder	___Heart Condition
___Learning Disability	___Mental Illness	___Multiple Sclerosis
___Oppositional Defiant Disorder	___Physical Disability	___Respiratory Condition
___Seizure Disorder/Epilepsy	___Sensory Processing Disorder	___Stroke
___Traumatic Brain Injury	___Visual Impairment/Blind Other	___Other

Parent Name(s):_____

Phone:_____E-mail: _____ Address:_____

Recreational Needs:

Interests:_____

Goals:_____

Inclusion needs:_____
_____

Social /Communication Skills:_____
_____
_____
_____

Social Support:

Verbally independent:	_____Y	_____N
Maintains good eye contact:	_____Y	_____N
Communication aide:	_____Y	_____N
Speech impaired:	_____Y	_____N
Sign language:	_____Y	_____N

Does overstimulation occur? _____Y _____N
If so, in what types of setting: _____
_____
_____
What are common stimulants: _____
_____

Cognitive Skills:

Requires physical or verbal prompts, such as:

Transitions:

_____Able to transition independently

_____Requires minimal cues (___verbal ___physical ___gestural)

_____Needs full assistance

Comments:_____

_____

Physical Support:

Gross and Fine Motor Skills (Describe any special needs, restriction, limitation or precautions)**:**

_____

_____

_____

Movement:

_____Physically Independent/Ambulatory

_____Mobility Aid – Please indicate type? _____

_____Partially Mobile – Please indicate abilities (i.e. has use of upper body)_____

_____

_____

Participant Behaviors:

What are the behaviors? (Outbursts/incidents)	What causes the behaviors? (Triggers?)	How do you address the behaviors? (Reinforcement techniques)

Recommendations:_____

_____

_____

Feeding skills/dietary restrictions:_____

Allergies:_____

Seizures:_____

Toileting required (Instructions):_____