

Therapeutic Recreation and Inclusion Support: Participant Intake Forms

Participant Intake Process:

- Identify which programs your family member would like to participate in.
- Register or reach out with any questions you may have about the program or the support we are able to offer your family member.
- Fill out all intake forms and return them to the office via email.
- Have an initial intake meeting.
- Register for programs if you haven't done so already. Review participation or inclusion plans if necessary.
- Have fun!
- **Please note:** Forms are due 10-14 days before a program begins. Intake packets are valid for 1 calendar year, or until changes or updates are necessary.

Hello!

Thank you for your interest in our Therapeutic Recreation and/or Inclusion Support Program here at Billerica Recreation, we are excited to get to know you!

The forms included in this intake packet are required prior to participation in any of our Therapeutic Recreation programs and/or to receive planned inclusion support during typical recreation department programs. The information collected through these forms provides us with important background knowledge on each participant so that we can plan and modify programs, outings, classes and events appropriately for your family member and for the whole group.

At this time we are not able to guarantee 1:1 support for program participants. If your family member requires full 1:1 assistance to be successful, I would be happy to work with you to welcome an appropriate adult family member or support professional to accompany them to their programs after completing a successful background check. As we develop this division and add programs we will also work hard to expand our staff resources so that we will be able to offer additional levels of support.

For those participants going on community outings or being dropped off at a program without a parent present, we insist that they be ready for group programs in the following ways:

- Independent in the bathroom and with taking any medications as necessary,
- Have the ability to follow directions, stay with the group, and manage their own belongings.
- Manage their own behavior with some reminders and minimal staff intervention. Aggressive behavior towards self or others, or running/bolting behaviors, indicate that your family member may not yet be ready for community programs.
- Have an interest in the activity and a desire to participate.

If these guidelines are not met and your family member requires a higher level of support, we are able to work with you on bringing your own support member, as stated above.

Please do not hesitate to reach out with any questions!

Thank you,

Billerica Recreation

Contact Information

Billerica Recreation Department

Office Address: 248 Boston Road, Billerica MA 01821

Phone: 978-671-0921

Point of Contact for Inclusion Support:

Carolyn Fitzgerald

TR Coordinator & Inclusion Director

BillericaReclnclusion@gmail.com



Therapeutic Recreation and Inclusion

In this packet please find and return:



- Participant Snapshot
 - Primary Caregiver / Emergency Contact Information
 - Communication Methods
 - Medications & Allergies
 - Mobility & Activities of Daily Living
 - Behavior / Conduct / Personality / Social Skills
 - Support Strategies
 - Reasons for Participating & Goals
-

Scheduling Considerations:



- I have filled out and returned all forms.
 - I have scheduled my intake meeting with Billerica Recreation, either in person, via phone or zoom. Meeting Time: _____
 - If my child requires a 1:1 or a PCA during their programs, I have scheduled the appropriate people to accompany him/her and connected them with Billerica Recreation so that they have time to complete a background check prior to the first class.
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A Few Notes on Intake Forms



- Please fill out all forms accurately and completely and with up to date information. If anything changes including diet or allergy information, behavior plans, mobility concerns, etc. please keep us updated in a timely manner.*
- The more information you are willing to share, the better! Knowing as much as possible about your family member up front will help us proactively plan for their success.*
- Billerica Recreation will personally review all forms and ask follow up questions during your intake meeting. Only necessary information will be shared with instructors and staff members, all forms will be kept confidential.*
- A participant profile with important considerations and emergency information will be created and shared with program directors and carried on all outings.*

Participant Snapshot

Participant Name: _____

Date of Birth: _____

Nickname(s): _____

Primary Disability or Diagnosis/Nature of the participant's needs: _____

Secondary Disability or Diagnosis: _____

Type of support typically required for successful participation in recreation and leisure programs:

- Group/social support - No additional staff necessary
- Small groups or additional staff members present are best
- 1:1 support (provided by a family or direct support professional outside of BRD)
- Not sure

Say "cheese"!

Please include a current photo of the participant!



Primary Caregiver & Emergency Contact Information

Name of Primary Caregiver or Primary Contact Person: _____

Relationship to Participant: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Emergency Contact #1:

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Communication

- Verbal / speaks clearly Verbal / speech is difficult to understand Has difficulty expressing needs Gestures / Points
- Uses sign language Uses hearing devices Uses a communication board / schedule / pictures
- English as a second language (first language: _____)
- Other Detailed Comments: _____



Medications & Allergies

Important Note: Billerica Recreation Department does not have a nurse on staff for any classes, programs, camps or outings. All participants must be independent in having safe possession of and taking medications if necessary during BRD programs. Staff can remind participants to take medications at the appropriate time.

This participant takes the following medications (please list name of drug, frequency, amount and reason for taking): _____

This participant will take the following medications during program hours (please list name of drug, amount, and time of day to be taken): _____

Is the participant subject to seizures: Yes No Date of last seizure: _____

Describe seizure signs, symptoms, type, and frequency: _____

Seizure treatment plan: _____

Does the participant have any allergies? Yes No If yes, please explain: _____

Are there any side effects from medications that we should be aware of? Yes No

If yes, please explain: _____

Does the participant have a specific diet or dietary restrictions, or foods that may cause behavioral challenges? Yes No

If yes, please explain: _____

Mobility & Activities of Daily Living

Does the participant use any devices to assist with mobility?

Manual wheelchair Motorized wheelchair Crutches Leg braces/AFO's Walker Other None

Explain: _____

Please check all mobility areas that are of concern or that the participant will need assistance with:

Endurance Stability/Balance Gait Stairs/uneven ground Boarding a bus Sitting on the ground Transfers

Explain: _____

Please fill out the table below to help us understand the participant's level of independence with ADL's

	Independent	Requires monitoring, reminders or some assistance	Needs physical assistance
Dressing: shoes, zippers, buttons, etc.			
Eating: follows diet, recognizes allergies, cuts food, feeds self			
Bathroom & Washing Hands			

Behavior & Conduct

Please fill out the table below as accurately as possible.

	Independent	With monitoring, reminders or some assistance	Requires full assistance	Comments
Uses appropriate language				
Follows 2-step directions				
Keeps hands and feet to self				
Is able to wear a mask and keep safe personal space				
Uses supplies and equipment properly				
Helps with a task when asked				
Can cope with being told "no"				
Interacts positively with peers				
Willingly participates in group activities				
Asks for help if needed				
Can stay on task for a preferred activity for 10+ minutes				
Can stay on task for a NON-preferred activity for 10+ minutes				

Behavior, Personality & Social Skills

Please check all boxes that may describe your child/family member:

- Short attention span
 Easily distracted
 Runs/wanders
 Oppositional/defiant
 Uninterested in peers
 Seeks attention
 Can follow the rules of a game
 Does not like to lose
 Handles conflict appropriately
 Stands up/speaks up for oneself
 Avoids difficult tasks/situations
 Instigates behavior
 Steals or hides items
 May be inappropriate with others
 Gets car sick
 Prefers adults/staff members
 Displays unusual fears or concerns
 Experiences anxiety or depression
 Difficulty with transitions
 Has verbal or emotional outbursts
 Struggles to follow safety rules or recognize danger
 Shy/Withdrawn
 Friendly/Outgoing
 Allows others to take turns
 Respects personal space
 Initiates/maintains conversations
 Socially interacts with peers

Explain the checked boxes above & tell us a little bit about the participant! _____

Support Strategies

Please share what types of strategies are successful at school, home, or job placements that we can translate to rec programs to be consistent with what the participant is familiar with.

Participant regularly utilizes:

- Visual schedules Frequent breaks Timers Token board/reinforcement schedule Incentives or rewards
- Social Stories Written schedules Verbal warnings/reminders Other

Please explain: _____

Is the participant sensory seeking and/or sensory sensitive? Seeking Sensitive Both Neither

Explain: _____

How does the participant do with activity transitions? Great OK Not Well

Explain & Tell us what you do at home/school/out in the community to prepare for a successful transition: _____

Please share what it looks like when the participant is having a hard time or gets upset, and any calming strategies that will most likely help in a difficult situation: _____

Share the participant's favorite things, preferred items and most enjoyed activities! _____

Reasons for Participating in Program & Personal Goals

Please mark all that apply—

- Physical activity Socialization/friendships Exposure to new recreation and leisure activities Responsibility Fun
- Independence To build confidence/self esteem Creativity Group interaction/following directions Entertainment
- Skill development Respite for family Other: _____

What goals would the participant like to work towards while in recreation programs with us? Think of skills or behaviors that we can help the participant work to improve while in programs. If you aren't sure, our CTRS can help you develop these!

1. _____

2. _____

3. _____

Thank You!