

Inclusion Services Participant Information Form

Brooklin Community Centre and Library

8 Vipond Road, Brooklin, ON L1M 1B3

905.430.4300 x6520 · whitby.ca/inclusion · inclusion@whitby.ca

The child must meet the following criteria to be eligible for additional support:

- Participant must be a Whitby resident.
- Participant has a physical, developmental and/or learning disability affecting mobility, communication, comprehension and or interaction that could effect their safety of other participants.
- Participant requires extra support/assistance at home or at school for basic care such as dressing or toileting.
- Inclusion Services are only offered for programs run by the Town of Whitby.

Participant Information - please print

Last Name	First Name	Age	Date of Birth (mm/dd/yyyy)		
Participant's Special Need(s)		Provide the course code(s) for the programs(s) you would like			
		Course Code 1:		Course Code 2:	
Would you like to be placed on a waitlist for additional programs?			Yes	<input type="checkbox"/>	No

Emergency Contact #1 Information

Last Name	First Name	Relation			
Family Address		Nearest Intersection			
City/Town	Postal Code	Email			
Home Phone	Cell Phone	Work Phone			

Emergency Contact #2 Information

Last Name	First Name	Relation			
Family Address		Nearest Intersection			
City/Town	Postal Code	Email			
Home Phone	Cell Phone	Work Phone			

Emergency Contact #3 Information (Associated with an Agency/Worker)

Name of Agency	Name of Worker	Phone Number
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Medical Information - please print clearly

Participant's Medical Condition

Physician's Name	Phone Number	If medication is required during program times, a Medication Administration Request Form must be completed.
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Yes No Please initial beside each

		Does the Participant have seizures?
		If yes, are they controlled by medication?

Please describe the Participant's seizures (indicate frequency) and how they are handled.

		Does the Participant have allergies? If yes, please describe.
		Does the Participant have any food restrictions? If yes, please describe.

Describe any other health problems that may restrict the Participant's participation and/or performance in activities.

Yes No Mobility/Physical

		Participant crawls and requires support.
		Participant walks independently and does not require support.
		Participant walks with aids and requires support.
		Participant is mobile with wheelchair and does not require support.
		Participant needs assistance when transferring from a wheelchair.

Please describe the Participant's fine motor skills:

Please describe the Participant's hearing capabilities:

Please describe the Participant's visual capabilities:

		I authorize staff to assist the Participant with any transfer/mobility needs.
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Yes	No	Activities of Daily Living/Basic Care
		Participant can eat and drink independently and does not require support.
		Participant can dress himself/herself independently and does not require support.
		Participant can use the washroom independently and does not require support.
		Participant wears diapers and requires support.
		Participant needs assistance with getting on/off the toilet.
		I authorize staff to assist the Participant with any toileting needs.

Yes	No	Communication/Comprehension	Additional Notes
		Participant understands verbal conversation.	
		Participant can follow simple instructions.	
		Participant understands 2-3 ideas in a sentence.	
		Participant is able to follow verbal instructions.	
		Participant has a picture book that they regularly use for communication at home and/or at school.	
		Participant participates in conversation.	

Yes	No	Expresses him/herself by using	Additional Notes
		Words	
		Sounds	
		Gestures	
		Singing	
		Pictures / Communication Board	

Usually	Sometimes	Rarely	Social Development	Additional Notes
			Participant has a hard time dealing with transitions.	
			Participant cooperates with leaders.	
			Participant cooperates with selected others in group.	
			Participant is willing to participate in new situations.	
			Participant prefers to be alone - displays intermittent social withdrawal.	
			Participant prefers being with staff/adults.	

			Participant prefers being with friends/peers.	
			Participant relates to peers.	
			Participant can interact socially with peers.	
			Participant readily participates in small groups.	
			Participant can control their emotions.	
			Participant uses coping skills to manage their emotions.	

Behaviour:

Yes	No	Does your child have a tendency to be...	Additional Notes
		Withdrawn	
		Sensitive	
		Self confident	
		Enthusiastic	
		Social	
		Outgoing	
		Moody/Unpredictable	
		Attention seeking	
		Easily frustrated	
		Verbally aggressive	
		Physically aggressive towards others	
		Aggressive towards self	

Yes	No	Does the Participant...
		Display disruptive or inappropriate behaviour? If so, indicate the nature of behaviour and what techniques teachers and family use to deal with it.
		Find that certain activities cause them to become frustrated? If so, what factors cause the Participant to become frustrated? What behaviours are exhibited? How would you like Staff to react when the Participant is frustrated?

Yes	No	Does the Participant...
		Receive additional support at school? If so, what kind of support? Have any established routines/strategies/activities that could assist them in a recreation setting? If so, what are they?
		Wander or run from group activities? If so, how would you like us to deal with this?

Environmental Concerns

Please list any routines/patterns:

Please list any personal space issues:

Please list any fears (i.e. loud noises):

Please list any fixations (i.e. water):

Please list any safety concerns (i.e. no concept of safety/fear, medical or environmental concerns):

Needs

What needs does the Participant have in relationship to their participation in the recreation program?

What is the best way to communicate with and provide instructions to the Participant?

What goals would the Participant be striving towards in the program and how can we help?

What are your (parent/guardian) expectations for accomplishments?

Participant's Interests

Likes/dislikes and favourite activities:

Previous recreation activities:

Involvement in activities outside of school/work:

Any activity restrictions or limitations:

Swimming experience/ability - any adverse reaction to temperature change:

How will the Participant access the program? (bus, car, other):

Additional Comments or Concerns:

Safety in the Town of Whitby's Recreation Programs

Safety is our number one concern at the Town of Whitby. We need to consider the safety of every participant and staff member when determining a Participant's eligibility and continued participation in our programs. The Town of Whitby reserves the right to refuse a Participant's registration or require a Participant to withdraw from a program based on any one of the following:

- Participant does not meet the criteria;
- Participant's needs cannot be safely met;
- Participant poses a danger to themselves or others;
- Town of Whitby staff are unable to meet the care level required to ensure the Participant's safety and success in the program;
- Participant's medical/physical/behavioural condition is significantly different than what was disclosed on the Participant Information Form; or,
- If a Participant injures a staff member or another participant, the Participant will be sent home immediately. In order to return to the program, a plan will be put in place by the Supervisor (or designate) in consultation with the parents/guardians to ensure a safe environment for the staff and participants. If, upon return, a second incident occurs, the Participant will be removed from the program unless outside support is provided by the parents/guardians.

I/We, _____, understand that the safety of participants and staff is the Town of Whitby's top priority. I/We understand that in circumstances where the safety of participants and/or staff is compromised, the Town of Whitby has the right to remove the Participant from the program.

Freedom of Information Act

Personal information on this form is collected under the authority of Section 11 of the Municipal Act, SO 2001, c.25 and will be used for the registration purposes in requesting recreation program(s). Questions regarding the collection of personal information should be directed to the Manager of Recreation, 500 Victoria Street West, Whitby, ON L1N 9G4.

Parent/Guardian Signature:	Date: (dd/mm/yyyy)
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To be completed by staff

Yes	No	Meets participation criteria (Circle one)
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Program Requested:

Program Recommended:

Staff Support: