

Date Received
Office Use Only

Inclusive Services Application

PLEASE COMPLETE APPLICATION IN FULL TO AVOID DELAY IN PROCESSING
FOR INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION, PLEASE SEE THE LAST PAGE

PART A - PARTICIPANT INFORMATION *(to be completed by Guardian if under 18)*

Participant Name: _____ Date of Birth: _____
Address: _____ City/Town: _____ Postal Code: _____
Parent/Guardian (if applicable): _____
Home Phone: _____ Cell/Bus: _____ Email Address: _____

PART B – PROGRAM PREFERENCE

Please list in order of preference the type of program the participant is interested in:
(If you know dates/time/location please specify as well)

1: _____
2: _____
3: _____

PART C – DISABILITY INFORMATION *(if applicable - to be completed if there is a diagnosis)*

Diagnosed Disability: _____ Date of Diagnosis: _____

Does the participant have a(n) support/respite/ABA worker? _____

Medication: Yes No If yes, please specify: _____

Will medication be given during the program? Yes No

Are there any side effects? _____

Allergies: Yes No If yes, to what: _____

Does the participant have an Epi Pen: Yes No

Has the participant ever had a seizure? Yes No

If yes, please describe: _____

Date of last seizure: _____ Duration: _____ Frequency: _____

PART D – SKILL ASSESSMENT

Please check statements that apply to the participant. Clarifying or adding additional information is recommended.

Eating/Drinking

- Drinks from a cup
- Uses straw
- Uses utensils
- Cannot use utensils
- Unwraps food/drink
- Cannot unwrap food/drink

Personal Care

- Can use toilet independently
- Can use toilet with reminders
- Cannot use toilet independently
- Can wash hands independently
- Cannot wash hands independently

Additional Information: _____

Communication

- Unable to communicate needs/wants
- Uses gestures, signs, PECS &/or Non- verbal communication
- Uses basic sign language
- Uses 1 or 2 word sentences
- Uses complete sentences
- Uses a communication device
- Reacts/responds when spoken to
- Responds appropriately to 1/2 step directions
- Responds appropriately to 2/3 step directions
- Responds appropriately in small groups
- Responds appropriately in large groups

Additional Information: _____

Strength/Coordination

- Able to walk independently
- Able to walk with assistance
- Uses device to walk : specify type below
- Has good balance/coordination
- Has limited balance/coordination
- Able to catch a rolling ball
- Able to catch a tossed ball
- Able to kick a stationary ball
- Able to kick a rolling ball
- Able to grasp small objects (ie. Pencil, beads)
- Able to grip large objects (ie. Ball, racket)

Additional Information: _____

Social/Behavioural

- Shows interest in others
- Interacts with others appropriately
- Interacts with others inappropriately
- Is tolerant of others actions
- Is easily annoyed/agitated by others
- Has attention span for short periods of time
- Has attention span for long periods of time
- Is responsible for own belongings
- Is respectful of adults
- Can be disrespectful of adults

Additional Information: _____

Swim Ability

- Can swim using at least one swim technique
- Cannot swim
- Has no fear of water
- Is cautious in water but is not afraid
- Is comfortable floating
- Is comfortable putting face in water
- Has taken swim lessons: Last level completed: _____

Please list any skills the participant has in the pool/water: _____

Please list challenges the participant has in the pool/water (ie water in ears, needs goggles/nose plug, dislikes loud echoes, etc): _____

Strengths – Please elaborate on the participants areas of strengths

PART E – SUPPORT

Please describe areas where the participant requires support: _____

Please describe safety issues (i.e. behaviors, fears) that program staff should be aware of:

Please describe signs/behaviors that indicate stress or anxiety in the participant: _____

Please describe methods used to reduce/eliminate inappropriate behaviours: _____

Additional Information:

PART F – SCHOOL INFORMATION *(to be completed if participant attends grade school)*

Name of School: _____ Grade: _____

Classroom Setting: Regular Special Education Combination

Does the participant have a student assistant?

- No assistant needed
- Full time assistant
- Part time assistant
- Shared assistant

If yes, please describe what support is needed: _____

PART G – INFORMATION RELEASE

I, _____ (Participant/Guardian) believe the information supplied in this application is accurate to the best of my knowledge. I give permission for those authorized below to release information requested by the Department of Recreation’s Inclusive Services staff in order to develop a support plan to assist me/my child in participating in inclusive recreational programs.

Please initial all forms of information you wish to release. (If you do not wish to release any information please do not initial)	
ISSP (Individual support service plan) ISSP Chair: _____	Telephone: _____
Teacher Questionnaire Name: _____	Telephone: _____
School Observation School Name: _____	Telephone: _____
Social Worker Questionnaire Name: _____	Telephone: _____
Other Organization (please check) : <input type="checkbox"/> Questionnaire <input type="checkbox"/> Observation Name: _____ Position: _____ Organization: _____ Telephone: _____	

Participant/Guardian Name: _____ **Date:** _____

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<input type="checkbox"/> Medication Package Required	<input type="checkbox"/> Allergy Forms Required
<input type="checkbox"/> Seizure Action Plan Required	<input type="checkbox"/> Support Worker Guidelines/Waiver Required
Additional Comments: _____ _____	

Instructions for submitting application:

1. Place your cursor over the area you are required to fill information in and left click
2. Begin typing information
3. Select File → Save As → Replace “ELECTRONIC VERSION” with Participant name and save in desired location
4. Open email and attached the application

If you have any questions please call The Lead Staff of Inclusive Services at 576-4450.



ST. JOHN'S
RECREATION DIVISION