

<b>Inclusion Support &amp; Deadlines</b>	<b>SECTION 1</b>
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The City of St. John's recognizes the need for support services to assist participation in recreation and leisure programming. To request support to participate please submit completed applications by the deadline dates below. Deadline dates occurring on a weekend are extended to the following Monday.

Programs	Deadline
Spring Recreation Programs	February 1
Pre School and After School Care	March 1
Summer Recreation Programs	March 17
Fall Recreation Programs	July 17
Winter Recreation Programs	November 17

<b>Participant Information</b>	<b>SECTION 2</b>
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Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Guardian Information (if participant is less than 19 years)</b>	<b>SECTION 3</b>
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Guardian 1: \_\_\_\_\_ Guardian 2: \_\_\_\_\_  
 Relation to Participant: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Program Information</b>	<b>SECTION 4</b>
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Program Name\*: \_\_\_\_\_  
 Program Location: \_\_\_\_\_  
 Enrollment Dates: \_\_\_\_\_

\* If program name is not known, indicate the program type. E.g. Fitness Class, After School Care, Day Camp, Preschool, Older Adults Program, etc.

**PLEASE COMPLETE ALL PAGES**

**Medical Information (check all applicable information)**

**SECTION 5**

- Primary Diagnosis: \_\_\_\_\_
  - Medication required to regulate symptoms: \_\_\_\_\_
  - Medication administered:  at home       at program (Medication Consent required)
  - Medication causes side effects: \_\_\_\_\_
  
- Secondary Relevant Diagnosis: \_\_\_\_\_
  - Medication required to regulate symptoms: \_\_\_\_\_
  - Medication administered:  at home       at program (Medication Consent required)
  - Medication causes side effects: \_\_\_\_\_
  
- Allergies: \_\_\_\_\_
  - Life threatening - Epinephrine Auto-Injector required (Anaphylaxis Emergency Plan required)
  - Other medication administered:  at home       at program (Medication Consent required)
  - Medication causes side effects: \_\_\_\_\_
  
- Seizures (Seizure Plan required)
  - Date of last seizure: \_\_\_\_\_ Duration of last seizure: \_\_\_\_\_
  - Medication required to regulate symptoms: \_\_\_\_\_
  - Medication administered:  at home       at program (Medication Consent required)
  - Medication causes side effects: \_\_\_\_\_


**Support Information**

**SECTION 6**

Please indicate the **anticipated** level of support. If applicable, actual level of support will be determined through a review of all information gathered through an intake process.

- Assistance with program information and selection
- Minor adaptations or accommodations
- Staff Support – **See the next page for staffing support descriptions**
  - General recreation staff
  - Recreation program support staff (summer only)
  - Low ratio inclusion staff
  - One on one inclusion staff
  - Respite staff (provided independently)
- Unsure of the type of support needed at this time

**STAFFING SUPPORT DESCRIPTION**

<p>Lower Needs</p>  <p>Higher Needs</p>	<p><b>General Recreation Staff Support</b> Needs may be met by the program’s recreation staff to participant ratios. Preschool age programs = 1:8 School age programs = 1:10 Adult Programs = Varies by program type</p> <p><b>Recreation Program Support Staff (Children’s Summer Program Only)</b> Needs may be met by an additional program staff who provides occasional/intermittent support to the program and participants as required.</p> <p><b>Low Ratio Recreation Inclusion Staff Support</b> Needs may be met by a shared inclusion staff who provides support to 2 participants having similar needs. <b>(Staff are not trained to support personal care, feeding or persistent extreme behavior)</b></p> <p><b>One on One Recreation Inclusion Staff Support</b> Needs require the attention of a City of St. John’s Inclusion Staff who provides support to one participant. <b>(Staff are not trained to support personal care, feeding or persistent extreme behavior)</b></p> <p><b>Respite Staff Support</b> Needs require a higher level of care than can be supported by the above recreation staff. A staff person hired by the caregiver or third party and a support worker agreement is required.</p>
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**Please note:** All participants are required to adhere to the Recreation Division Code of Conduct. Participants who do not adhere may be removed on a part-time or full-time basis at the discretion of Staff. Participants requiring support with personal care, feeding needs or persistent extreme behavioral needs may enroll and attend with a Respite Staff hired by the family or a third party.

**Support in Other Settings** - Please check all support types currently in place.

- |   |   |
|---|---|
| <input type="checkbox"/> Respite/Support worker at home | <input type="checkbox"/> One on One Student Assistant at school |
| <input type="checkbox"/> ABA Therapy                    | <input type="checkbox"/> Shared Student Assistant at school     |
| <input type="checkbox"/> Behavior Management Specialist | <input type="checkbox"/> General Academic Curriculum            |
| <input type="checkbox"/> Speech Language Pathology      | <input type="checkbox"/> Modified/Alternate Academic Curriculum |
| <input type="checkbox"/> Other: _____                   | <input type="checkbox"/> School Name: _____                     |
| <input type="checkbox"/> Other: _____                   | <input type="checkbox"/> Grade: _____                           |

Ability Survey (check items that describe participant ability)

SECTION 7

Swim Ability

- Swims independently
- Swims with floatation device
- Swim Lesson Level: \_\_\_\_\_
- No previous swim experience

Additional Information:

Personal Care

- Eats and drinks independently
- Eats and drinks with assistance
- Washes hands independently
- Washes hands with assistance
- Dresses independently
- Dresses with assistance
- Uses toilet independently  
(undress, use toilet, wipe, redress and wash hands)
- Uses toilet with assistance  
(needs help with 1 or more steps for washroom use)

Additional Information:

Communication

- Can communicate needs/wants verbally
- Limited verbal communication of needs/wants
- Uses complete sentences
- Does not use complete sentences
- Uses partial sentences
- Uses some words with prompts
- Uses sign language
- Uses a communication device (specify below)

Additional Information:

Mobility/Strength/Coordination

- Good fine motor skills
- Limited fine motor skills
- Good gross motor skills
- Limited gross motor skills
- Uses a mobility device (specify below)

Additional Information:

**Interactions**

- Generally displays good social skills
- Generally respectful of peers
- Generally respectful of adults
- Generally tolerant of others
- Generally follows directions/rules
- Generally does well in group settings
- Generally stays within supervision
- Generally well-mannered
- Generally calm
- Generally displays good coping skills

- May display limited social skills
- May be disrespectful of peers
- May be disrespectful of adults
- May be easily annoyed/agitated by others
- May not follow directions/rules
- May prefer to be alone
- May wander/leave program area
- May be verbally aggressive
- May be physically aggressive
- May not display effective coping skills

Additional Interactions Information:

**Strengths** – Describe the participant’s strengths (things the participant is good at or enjoys)

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**Needs** – Describe what the participant needs support with to participate.

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**Safety** – Describe any concerns regarding safety.

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**Stress** – Describe what causes the participant to become anxious/stressed.

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**Behavior** – Describe strategies used to calm or redirect behavior that might impact participation.

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**Other** – Please provide any other information which may help increase successful participation.

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**Consent**

**SECTION 8**

I \_\_\_\_\_ (Participant/Guardian) believe that the information provided in this document is accurate and true to the best of my knowledge. I give permission for those authorized below to release information if requested by the Division of Recreation’s Inclusive Services Staff to develop a support plan to assist me/my child in participating in inclusive recreation programs.

At **least one** professional reference who can provide additional information to support participation is required. Please provide information for those authorized to be contacted.

Professional Reference	How to Contact (Phone/Email)
<input type="checkbox"/> School/Daycare Teacher:	
<input type="checkbox"/> Special Education Teacher:	
<input type="checkbox"/> Social Worker:	
<input type="checkbox"/> Senior ABA Therapist:	
<input type="checkbox"/> Behavior or Child Management Specialist:	
<input type="checkbox"/> Recreation Practitioner:	
<input type="checkbox"/> Other:	

**Participant/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Privacy Notice**

**SECTION 9**

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to provide care to participants. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca)

<p><b>Please return completed forms to:</b></p> <p>Inclusive Services                  City of St. John’s                  Recreation Division                  P.O. Box 908                  St. John’s, NL A1C 5M2</p>	<p>For further information:                  Phone: (709) 576-4450                  Fax: (709) 576-2308                  Email: <a href="mailto:inclusion@stjohns.ca">inclusion@stjohns.ca</a></p>
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