

Customer Profile: Inclusion

Date: _____ Customer Name: _____

Parent/Guardian: _____ Male or Female: _____

Home Phone #: _____ Date of Birth: _____

Cell Phone #: _____ Name of Program: _____

Work Phone #: _____ Program Location: _____

Program Begins: _____ and Ends: _____

What is the customer's diagnosis/presenting issue(s):

<u>Primary</u> (Check one)	<u>Secondary</u> (Check all that apply)	Diagnosis/Presenting Issue
		Allergies *
		Asperger's Syndrome
		Attention Deficit Hyperactivity Disorder (ADHD)
		Autism
		Behavioral
		Cerebral Palsy
		Emotional
		Hearing *
		Intellectual Disability (ID)
		Learning
		Medical Procedure *
		Physical *
		Seizure *
		Traumatic Brain Injury
		Visual *
		Other (please specify):

* Please provide further explanation:

What is the overall degree of the primary disability? Circle one.

1. Mild 2. Moderate 3. Severe

What are your primary goals for enrolling in the program? (Please rate 1, 2, 3, etc.)

____ Recreation participation (exposure to a variety of activities)

____ Recreation activity skill enhancement

____ Opportunities to experience fun in play

____ Socialization (interaction/develop friendship with peers)

____ Physical fitness/wellness

____ Improve group participation skills

____ Other (please specify): _____

Interaction Skills

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Comprehends and learns through verbal directions	1	2	3	4	5
Consistently requires visual aids and modeling to participate in activities	1	2	3	4	5
Speaks and is clearly understood	1	2	3	4	5
Speaks but is not clearly understood	1	2	3	4	5
Uses sign language (Type of sign language used: _____)	1	2	3	4	5
Initiates conversation and/or seeks contact with peers	1	2	3	4	5
Can manage his/her anger when upset	1	2	3	4	5
Communicates personal needs	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Cooperates with staff and peers; shares	1	2	3	4	5
Stays with assigned group with minimal supervision	1	2	3	4	5
Becomes frustrated during recreation activities	1	2	3	4	5
Avoids or is hesitant about decision making	1	2	3	4	5
Maintains personal space	1	2	3	4	5
Requires redirecting and prompting to attend to tasks	1	2	3	4	5
Can stay on task for 20+ minutes	1	2	3	4	5

What strategies/techniques are used at home/school/work to promote positive behavior and/or discourage or redirect inappropriate behavior? Does the customer use a specific behavior plan? (If so, please provide a copy of the plan)

Has the customer ever participated in a similar program before? If so, please indicate the type/level of the program:

Customer's strengths are:

- 1) _____
- 2) _____
- 3) _____

Topics of personal interest to the customer:

- 1) _____
- 2) _____

Important: May we have your permission to send our Professional Information Sharing Form to your child's teacher? This information is used to develop the written accommodation plan in conjunction with this form. The information is confidential and used only in the administration of services.

Yes___ No___ School: _____

Teacher/Case Manager: _____ E-mail: _____

Phone: _____ Fax: _____

***Please note:** Information provided on these forms is confidential and will be used only by administrators and volunteers working with the customer.

Parent Signature: _____

Under the ADA (Americans with Disabilities Act) you are entitled to reasonable accommodation as a customer with a disability. What specific ADA accommodations are you requesting? (Examples sign language interpreter, physical disabilities, etc.)

If enrolled in a summer/spring break/winter break camp, will the customer need medication distribution, g-tube feedings, or any other medical procedure during program hours? If so, please explain.

Please save and e-mail to:

abowen@slco.org

*If e-mailing, please attach a scanned picture of the participant.

Please fax to:

Attn: Ashley Bowen

385-468-1516

*If faxing, please include a copy of a picture of the participant.

Or turn in/mail to:

Ashley Bowen
Copperview Recreation Center
8446 South Harrison Street
Midvale, UT 84047

