

## **Inclusion Profile Form**

Date: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Name of Program: \_\_\_\_\_

E-mail: \_\_\_\_\_ Program Location: \_\_\_\_\_

Program Begins: \_\_\_\_\_ and Ends: \_\_\_\_\_

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

<u><b>Primary</b></u> (Check <b>one</b> )	<u><b>Secondary</b></u> (Check <b>all</b> that apply)	<b>Diagnosis/Presenting Issue</b>
		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 more information:

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**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**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
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

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
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)**

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

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**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.)**

\_\_\_\_\_  
\_\_\_\_\_

**Is the participant able to use the restroom on their own?**      Yes\_\_\_ No\_\_\_

**Will the participant need medication distribution or any type of medical procedure during program hours?**      Yes\_\_\_ No\_\_\_

**If yes, please explain.** \_\_\_\_\_

**An inclusion staff will be in contact with you regarding the information in this form. If you would like to contact an inclusion staff, please e-mail [InclusionRec@slco.org](mailto:InclusionRec@slco.org) or call 385-468-1520.**

**Please scan and e-mail to:**

[InclusionRec@slco.org](mailto:InclusionRec@slco.org)

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

**Or fax to:**

Attn: Inclusion Manager

385-468-1516

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

**Or turn in/mail to:**

Inclusion Manager  
Copperview Recreation Center  
8446 South Harrison Street  
Midvale, UT 84047

