**Inclusion Support Intake Assessment**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Pronouns: \_\_\_\_\_\_\_\_\_\_ Date of Intake: \_\_\_\_\_\_

Disability/Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By filling out and returning this document, the parent/guardian understand that the information may be shared with instructors, coaches, counselors or other staff that would benefit from knowing the information enclosed in this intake assessment. Details concerning the participant will be kept confidential and shared on a “need to know basis” only.*

1. What is the nature of the participant’s diagnosis?
2. Please describe the participant’s personality.
3. What are the participant’s strengths?
4. What are the participant’s interests/likes? Please include preferred toys/games/sports etc.
5. What are the participant’s primary areas of difficulty?
6. What are the participant’s dislikes/fears?
7. Does the participant show an interest in interacting with their peers? \_\_\_\_Yes\_\_\_\_No
8. Is the participant easily agitated/annoyed by others? \_\_\_\_Yes\_\_\_\_No
9. Does the participant have verbal outburst? \_\_\_\_Yes\_\_\_\_No
10. Is the participant able to follow the rules of a game? \_\_\_\_Yes\_\_\_\_No
11. Does the participant have a difficult time taking turns? \_\_\_\_Yes\_\_\_\_No
12. Does the participant have a difficult time sharing? \_\_\_\_Yes\_\_\_\_No
13. Does the participant have a hard time if they perceive themselves as “loosing”? \_\_\_\_Yes\_\_\_\_No
14. Will the participant tell staff if they need to use the bathroom? \_\_\_\_Yes\_\_\_\_No
15. Is the participant able to verbally advocate for their needs, wants, feelings? \_\_\_\_Yes\_\_\_\_No
16. Can the participant work in groups? \_\_\_\_Yes\_\_\_\_No
17. Can the participant read? \_\_\_\_Yes\_\_\_\_No
18. Can the participant write? \_\_\_\_Yes\_\_\_\_No
19. Does the participant have a history of bolting/leaving the group? \_\_\_\_Yes\_\_\_\_No

*If yes, please explain:*

1. How does the participant do with transitions? \_\_\_\_Great \_\_\_\_OK \_\_\_\_Not well

*If ‘ok’ or ‘not well’, please explain how you help to prepare the participant for a transition:*

1. Does the participant require assistance to remain on task? \_\_\_\_Yes\_\_\_\_No
2. Will the participant ask for a break if overwhelmed, nervous, tired, etc.? \_\_\_\_Yes\_\_\_\_No

*If no, what are the signs staff should look for to help prompt a break?*

1. Does the participant exhibit aggressive or injurious behaviors towards self or others? \_\_\_\_Yes\_\_\_\_No

*If yes, what are the antecedents and what do the behaviors look like and their triggers?*

*What behavior techniques are used at school or home that work for the participant?*

1. Is the participant typically oppositional/defiant: \_\_\_\_Yes\_\_\_\_No

*If yes, please explain,*

1. What is the best way to approach the participant to help him/her calm down when upset?
2. Is the participant sensory seeking and/or avoiding (e.g. lights, sounds)? \_\_\_Seeking \_\_\_Avoiding

*If either, please explain:*

1. What form of communication does the participant use? \_\_\_\_\_Verbal Communication

\_\_\_\_\_Non-Verbal Communication \_\_\_\_Sign Language \_\_\_\_\_Communication Device \_\_\_ Other

*If non-verbal, please describe the tools that are used to communicate:*

1. The participant can follow: \_\_\_\_1 step directions \_\_\_\_\_2 step directions \_\_\_\_\_3+ step directions

 \_\_\_\_\_verbal instructions \_\_\_\_group directions

1. The participant prefers: \_\_\_Small Groups \_\_\_Large Groups \_\_\_Both

**SCHOOL SETTING INFORMATION**

1. Please describe the participant’s classroom? (I.e. integrated, sub-separate, student-teacher ratio, etc.)
2. Does the participant have any of the following? *If yes, please provide a copy with this intake assessment.*
	1. \_\_\_\_504 Plan
	2. \_\_\_\_Individualized Education Plan (IEP)
	3. \_\_\_\_Behavior Plan
	4. \_\_\_\_Token Board/Reinforcement Plan
	5. \_\_\_\_Medical and/or Allergy Action Plan
3. Are there any adaptations, modifications, interventions or strategies used at school or home that would be beneficial to use during the program? Check all that apply:

\_\_\_\_Visual Schedule \_\_\_\_Written Schedule \_\_\_\_Social Story \_\_\_\_Timer \_\_\_\_Sensory Toy

\_\_\_\_Verbal Reminders \_\_\_\_Token Board \_\_\_\_Other:

1. What is the participants learning style? \_\_\_\_ Modeling \_\_\_\_Pictures \_\_\_\_Written Directions

\_\_\_Verbal Prompts \_\_\_\_ Other:

**MEDICAL INFORMATION**

1. Does the participant have ANY allergies/sensitivities to food, medication, insect bites, stings, topical ointments, etc? \_\_\_\_Yes\_\_\_\_No

*If yes, please explain:*

1. Does the participant have any allergies that require the use of an epi-pen? \_\_\_\_Yes\_\_\_\_No

*If yes, please explain the nature of the allergy and characteristics of the reaction.*

1. Does the participant have any hearing/auditory impairment? \_\_\_\_Yes\_\_\_\_No

*If yes, please explain any limitations and where help will most likely be needed:*

1. Does the participant have any vision impairments? \_\_\_\_Yes\_\_\_\_No

*If yes, please explain any limitations and where help will most likely be needed:*

1. Does the participant have any mobility and/or balance concerns? \_\_\_\_Yes\_\_\_\_No

*If yes, please explain any limitations and where help will most likely be needed:*

1. Does the participant have any physical limitations that may affect participation? \_\_\_\_Yes\_\_\_\_No

*If yes, please explain any limitations and where help will most likely be needed:*

1. Does the participant have a history of seizures? \_\_\_\_Yes\_\_\_\_No

*Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Status:\_\_\_\_Active \_\_\_\_Controlled*

*Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Average Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication Prescription:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Recreation before, during, or after seizure:*

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

1. Is the participant currently taking any medication that he/she will be taking while in our care? \_\_\_\_Yes\_\_\_\_No

*If yes, type(s) of medication, times take, side effects, and reason for taking:*

*1.*

*2.*

*3.*

1. Does the participant follow a special diet? \_\_\_\_Yes\_\_\_\_No

*If yes, please explain:*

1. Please check any of the following activities of daily living that the participant will need assistance with:

\_\_\_\_Eating \_\_\_\_Drinking \_\_\_\_Dressing (zippers, shoelaces, buttons, etc.)

1. Is the participant independent with toileting? \_\_\_\_Yes\_\_\_\_No
2. Will the participant use physical assistance devices (wheelchair, walker, etc.) during the program? \_\_Yes\_\_\_\_No

*If yes, please explain:*

1. Does the participant have any other health concerns staff should be aware of?

ADDITIONAL INFORMATION

1. What kinds of recreation programs has the participant been involved with in the past?
2. What goals do you have for the participant while in the program?
3. What will a successful experience look like to you?
4. What are your concerns about the participant’s involvement in our program?
5. Can the participant successfully wear a mask (with mask breaks) and keep distance from other children?
6. Additional information you would like us to know about the participant:

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

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