



# MADISON SCHOOL & COMMUNITY RECREATION - INCLUSION SERVICES

## PARTICIPANT PROFILE

Last Name:		First Name:		Nickname:	
Address:		City:		State:	Zip:
Birth Date:	Home Phone:	Work Phone:	Cell Phone:		
Sex (M/F):	E-Mail Address:				
Legal Guardian (if not Self):		Relationship:			
Address:		City:		State:	Zip:
E-Mail Address:		Home Phone:		Work Phone:	
Current School Grade:		Support Agency's Contact Information:			
Teacher/Support Staff:		School/Work Place:			

### STRENGTHS AND INTERESTS

Please identify strengths and activities (games, hobbies, topics, etc.) that the participant enjoys or has expressed interest.

### PARTICIPANT'S PREFERENCES (Check all that apply)

INTERACTIVE PREFERENCE		PROGRAM STRUCTURE		ACTIVITY PREFERENCE	
<input type="checkbox"/> Individual	<input type="checkbox"/> Highly structured	<input type="checkbox"/> Lots of variety	<input type="checkbox"/> Indoor activities	<input type="checkbox"/> Noisy activities	
<input type="checkbox"/> Small group	<input type="checkbox"/> Loosely structured		<input type="checkbox"/> Outdoor activities	<input type="checkbox"/> Quiet activities	
<input type="checkbox"/> Large group	<input type="checkbox"/> Low degree of change (few transitions)		<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Independent activities	
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Movement activities	<input type="checkbox"/> Music	
<b>SAFETY</b>		<b>SCHEDULING NEEDS</b>		<input type="checkbox"/> Competitive activities	<input type="checkbox"/> Cooperative activities
<input type="checkbox"/> Responsible for belongings	<input type="checkbox"/> Sensory Breaks		<input type="checkbox"/> Adventure	<input type="checkbox"/> Swimming	
<input type="checkbox"/> Will stay with the group	<input type="checkbox"/> Scheduled (times: _____)		<input type="checkbox"/> Drama	<input type="checkbox"/> Board games	
<input type="checkbox"/> Recognizes danger	<input type="checkbox"/> As needed		<input type="checkbox"/> Other		
<input type="checkbox"/> Can cross the street safely	<input type="checkbox"/> Picture schedule				
<input type="checkbox"/> Knows own name & phone number	<input type="checkbox"/> Other				
<b>GENERAL PARTICIPATION</b>				<b>SWIMMING SKILLS</b>	
<input type="checkbox"/> Self-initiating				<input type="checkbox"/> Water safety awareness	
<input type="checkbox"/> Voluntarily complies with activities initiated by others				<input type="checkbox"/> Willingness to get in the water	
<input type="checkbox"/> Responds to direct commands or instructions				<input type="checkbox"/> Pool	<input type="checkbox"/> Lake
<input type="checkbox"/> Needs constant instructions to participate				<input type="checkbox"/> Previous swim lessons Level: _____	
<input type="checkbox"/> Difficulty participating in organized activities				<input type="checkbox"/> Fear of water	

**COGNITION** (Check all that apply)

EXPRESSIVE COMMUNICATION	RECEPTIVE LANGUAGE	COMPREHENSION
<input type="checkbox"/> Functional speech	<input type="checkbox"/> Recognizes own name when spoken to	When given a one or two step verbal direction does participant: <input type="checkbox"/> Always understands <input type="checkbox"/> Usually understands <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Other
<input type="checkbox"/> Gestures	<input type="checkbox"/> Can process and act on directions immediately	
<input type="checkbox"/> Picture/photo book	<input type="checkbox"/> Needs time to process and act on directions	
<input type="checkbox"/> Sign language	<input type="checkbox"/> Needs cues, prompts or second set of directions	
<input type="checkbox"/> Picture Exchange Program (PECS)	<input type="checkbox"/> Does not process directions	READING SKILL
<input type="checkbox"/> Isolated sounds	<input type="checkbox"/> Responds to directions in a large group	<input type="checkbox"/> Ability to comprehend written language
<input type="checkbox"/> Non-verbal	<input type="checkbox"/> Responds to directions in a small group	<input type="checkbox"/> Age level reading skills
<input type="checkbox"/> Effectively communicates needs	<input type="checkbox"/> Written directions	<input type="checkbox"/> Limited reading ability
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Non reader

Additional comments:

**BEHAVIOR** (Check all that apply)

BEHAVIOR		COMMENTS/SUPPORT STRATEGIES
Anxious	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Easily discouraged	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Easily distracted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hyperactive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Impulsive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Limited activity tolerance (physically or emotionally)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Severe fears	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Short attention span	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tolerant of others, not easily agitated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wandering/elopement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Withdrawn/shy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emotional expression:		
Appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verbally aggressive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Belligerent (sulks, refuses)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physically destructive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physically combative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Withdraws	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has behavior or crisis intervention plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## ACTIVITIES OF DAILY LIVING (Check all that apply)

MOBILITY	ASSISTIVE DEVICES		EATING	
<input type="checkbox"/> Walks independently	<input type="checkbox"/> Orthotics	<input type="checkbox"/> Stroller	<input type="checkbox"/> Independent	<input type="checkbox"/> Able to unwrap or open containers
<input type="checkbox"/> Walks with assistance	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Some assistance	
<input type="checkbox"/> Non-ambulatory	<input type="checkbox"/> Crutches	<input type="checkbox"/> Manual	<input type="checkbox"/> Full assistance	<input type="checkbox"/> Assist with portions
<input type="checkbox"/> Difficulty with uneven surfaces	<input type="checkbox"/> Cane	<input type="checkbox"/> Power	<input type="checkbox"/> Nothing by mouth "NPO"	<input type="checkbox"/> G-tube
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Allergies	<input type="checkbox"/> Other
BATHROOM USE	GROOMING/DRESSING		TRANSFERS	
<input type="checkbox"/> Independent in the bathroom	<input type="checkbox"/> Independent	<input type="checkbox"/> Some assistance	<input type="checkbox"/> Transfers independently	<input type="checkbox"/> Assistance
<input type="checkbox"/> Requires reminder How often? _____	<input type="checkbox"/> Full assistance		<input type="checkbox"/> Bears own weight	<input type="checkbox"/> 1 person assist
<input type="checkbox"/> Disposable undergarments	<input type="checkbox"/> Assistance with :		<input type="checkbox"/> Non weight bearing	<input type="checkbox"/> 2 person assist
<input type="checkbox"/> Uses toilet with physical assistance	<input type="checkbox"/> Buttons/snaps	<input type="checkbox"/> Zippers	<input type="checkbox"/> Movement activities	<input type="checkbox"/> Hoyer lift
<input type="checkbox"/> Shoes/socks	<input type="checkbox"/> Other		<input type="checkbox"/> Transfer to manual chair when transporting	
Further instructions:	Further instructions:		<input type="checkbox"/> Transfer to regular seat on bus	
			Height _____	Weight _____
			Further instructions:	

## MEDICATIONS

\_\_\_\_\_ Check if you will need MSCR staff to administer medication to participant.\* Times: \_\_\_\_\_

Side affects from medication that may impede participation i.e. sensitivity to the sun, headaches: \_\_\_\_\_

\*If medication is to be administered, you must complete the Medication Consent Form. Please contact MSCR office for form.

## DISABILITY INFORMATION

Please describe the participant's disability or special need that may interfere with his/her participation in the registered recreation program.

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## ACCOMMODATION REQUEST

Please indicate the desired accommodations. MSCR will review your request and work with you to make necessary accommodations.

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## SCHOOL AGE PARTICIPANTS

Does the participant have an aide or receive accommodations at school?  Yes  No

If yes, how much time is the aide with the participant or accommodations provided? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the participant receive alternative modes of transportation to/from school?  Yes  No

If yes, please explain? \_\_\_\_\_

Complete and accurate information on the Participant Profile is essential in order to determine reasonable accommodations. Information provided will be shared on an as needed basis with MSCR/MMSD staff. By signing below, I authorize Madison School & Community Recreation to contact school/supporting agencies concerning participant information that pertains to their participation in MSCR recreation programs.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of person completing form if not Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed forms to:**

MSCR - INCLUSION SERVICES  
3802 REGENT STREET  
MADISON, WI 53705

*A department of* MADISON METROPOLITAN SCHOOL DISTRICT



**MADISON SCHOOL & COMMUNITY RECREATION**

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