



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	
SAFETY		SCHEDULING NEEDS		<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				
GENERAL PARTICIPATION				SWIMMING SKILLS	
<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.

ACCOMMODATION REQUEST

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

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

www.mscr.org

3802 Regent Street

Madison, WI 53705-5220

Phone: 608/204-3000

Fax: 608/204-0557