

Snohomish County Parks and Recreation
Inclusion- Intake Form



This form must be completed in full for new and returning participants on a yearly basis. All information is confidential and will help the recreation staff provide the best support possible. Our goal is to make the time you spend in the programs offered through Snohomish County Parks and Recreation a positive and successful experience!

Contact Information

Participant Name _____ Date _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Birth Date _____ Age _____ Gender _____

Lives with: Relatives _____ Group Home _____ Independently _____ Other _____

Name of Parent/Spouse/Group Home/Support Provider _____

Address (if different) _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Caseworkers Name _____ Phone _____

*** Will this participant bring an attendant / care provider during program hours? YES or NO**

If yes, please explain _____

* Snohomish County Specialized Recreation staff are not trained at this time to provide participants assistance with feeding, toileting, or toilet transfer. Participants needing assistance in these areas should let the Recreational Specialist know prior to registration how the staff can reasonably support their participation. In some instances participants may be required to bring an aide or attendant.

Emergency Contact Information

-Please provide different emergency contacts than provided above-

1) Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell Phone _____

2) Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell Phone _____

What transportation will be provided for participant? _____

Health Information

Allergies _____ Seizures _____

Primary Disability _____ Secondary Disability _____

Will the participant require medication during program hours? Yes or No **If yes, please talk to the Recreation Specialist as staff are not qualified to distribute any type of medication and a nurse may be necessary.**

Living Skills

Please check and explain any or all areas you feel we should be away of:

Communication

- Is Verbal
- Verbal (hard to understand)
- Sign Language
- Is Non-verbal

Mobility

- Independent
- With Support
- Wheelchair
- Restriction to walking more then 1/2 mile

Toileting

- Independent
- Supervision
- Needs Reminder

Feeding

- Independent
- Assistance cutting food
- Dependent

Diet

- Diabetic
- Low Sodium
- Regular

Allergies/Serious Reactions

- Bee/Wasp Stings
- Medications
- Food (Please list below)

Activity Limitations (if any) _____

Adaptive Equipment (if any) _____

List food the participant should avoid (if any) _____

Explanations / Other Information _____

Interests

What programs at Snohomish County Parks and Recreation is the participant most interested in?

What are the participant's special talents?

What is the participant's favorite food?

What does the participant enjoy collecting?

What does the participant love doing in his/her free time?

Social Skills

-The following questions will help us better serve the participant-

Cooperates with:	<input type="checkbox"/> Staff/Adult	<input type="checkbox"/> Friends/peer group	
Readily Participates:	<input type="checkbox"/> In new situation	<input type="checkbox"/> In small group	
Interactions:	<input type="checkbox"/> Initiates	<input type="checkbox"/> Needs prompting	<input type="checkbox"/> Rejects
Prefers company of:	<input type="checkbox"/> Self	<input type="checkbox"/> Staff/Adults	<input type="checkbox"/> Friends
Appropriately manages:	<input type="checkbox"/> Feelings	<input type="checkbox"/> Maintains Composure	

Comments:

Adaptive Skills

Behaviors of which staff should be aware:

What are the triggers for that behavior? (What aggravates it)?

What interventions or strategies do you recommend?

Is there anything else you would like us to know about the participant?

Is there sensitivity to light or noise?

Is your child a runner? (runs away)

Some participants may benefit from visiting with the staff and becoming familiar with the setting at Willis Tucker Center prior to the start of a new class or program. The Recreation Specialist encourages visits with family and interested participants prior to registration.

Thank you for taking the time to fill out this form thoughtfully. This will help us better serve you and/or the participant while enjoying our recreational programs.