



CITY OF BLOOMINGTON
parks and recreation

Inclusion Questionnaire

Program Ready:

In order to support the success and safety of individuals registered and participating in Bloomington Parks and Recreation programs, it is important that participants are indeed "program ready." To assist in determining if a person is "program ready," the following criteria have been developed:

- Participant is able to participate independently or with reasonable accommodations.
- Participant is age appropriate.
- Participants may be aged up or down by one grade level in some situations.
- Participant is able to take direction and instruction from a staff person.
- Participant is comfortable with, and able to interact in, a group environment.
- Participant interacts and participates in a manner that is physically and emotionally safe for themselves and others.
- Participant is able to participate in self-care (toileting, feeding, etc.) independently or with minimal verbal prompting.

This form is intended to assist in identifying reasonable accommodations which may be beneficial for successful participation in Bloomington Parks and Recreation Department programs. **To adequately meet your needs, we require registration for each program and reasonable accommodation requests be made at least two weeks prior to the program registration deadline. In some cases, reasonable accommodations may take longer to arrange.**

Please complete as thoroughly as possible.

PARTICIPANT INFORMATION (to be completed by parent/guardian if participant is under 18)

Name _____ Date of Birth _____ Grade _____

Address _____ City _____ Zip _____ Phone _____

Parent/Guardian (if applicable) _____ Phone _____

Email _____

Recreation Interests

Please identify any interests the participant has:

Community
Examples:
traveling

Outdoors
hiking, fishing

Physical
ice skating, golf,
tennis

Wellness
tai chi, yoga,
relaxation

Educational
language,
outdoors, financial

Hobbies
music, dance,
reading

Creative
sewing, painting,
stained glass

Community	Outdoors	Physical	Wellness	Educational	Hobbies	Creative

Are there any hobbies or activities the participant is interested in learning? _____

Which Bloomington Parks Recreation activities has the participant registered for in the past? _____

Social (please check all that apply)

- Shows interest in others
- Will sit quietly to watch a program, movie, etc
- Will play/interact cooperatively with others
- Can identify and take responsibility for personal belongings
- Is tolerant of others, not easily agitated or annoyed
- Can listen and follow direction
- Is aware of safety concerns (traffic, staying with group, using sharp objects, etc.)

Comments/Areas of difficulty: _____

Other Information

Circle each diagnosis that applies to the participant and/or identify any condition not listed.

- | | | |
|-----------------------------------|---------------------------------|----------------------------------|
| Amputation | Down Syndrome | Muscular Dystrophy |
| Arthritis | Epilepsy | Psychiatric Disability |
| Attention Deficit Disorder | Hard of Hearing | Spina Bifida |
| Autism Spectrum Disorder | Learning Disability: | Spinal Cord Injury Level: |
| Behavioral Disorder | _____ | _____ |
| _____ | Intellectual Disability: | Traumatic Brain Injury |
| Cerebral Palsy | mild, moderate, severe | Vision Impairment |
| Deaf | Multiple Sclerosis | Other _____ |

Does participant have seizures? YES NO If yes, please indicate type and describe: _____

Date of most recent seizure: _____

Does anything trigger the seizures? _____

Medications

Medication	Time	Dosage	Purpose	Side Effects/Contraindications

Allergies (include food/medication/other) activity restrictions, special diets or other medical concerns: _____

Communication Skills

How does the participant communicate? (Circle the ones that apply)

- Speech
- Read Lips
- Communication Board
- Sign Language
- Computerized Device

Any communication devices that are used at home or work are also needed in recreation settings. Please provide any resources available, including but not limited to: communication board/books, computer devices, etc.

How can staff assist the participant in communicating needs? _____

Feeding Skills

Does the participant eat and drink independently? YES NO If no, what type of assistance or adaptive equipment is needed? _____

Mobility Skills

Does participant walk independently? YES NO If no, please identify any mobility devices used or assistance needed: _____

Describe transfer techniques used: _____

If the participant uses a wheelchair, is a wheelchair lift required? YES NO Explain: _____

Restroom Skills

- _____ Wears Attends/Depends
- _____ Indicates need to use toilet
- _____ Uses toilet with physical assistance

- _____ Uses toilet independently
- _____ Washes hands independently

Concerns/Restrictions

Activity concerns or restrictions related to health/social issues: _____

Do you feel your child requires one-to-one supervision? YES NO
(Level of supervision will ultimately be determined by the Inclusive Recreation Coordinator.)

Additional Comments: (please attach additional sheets if necessary)

This assessment expires one year from date of the assessment or in the event of significant change. Termination of inclusive recreation services must be completed through the Inclusive Recreation Coordinator. At no time may a participant or parent/guardian terminate inclusive recreation services without consulting the Inclusive Recreation Coordinator.

Signature (parent/guardian if participant is under 18 or under legal guardianship) Date

Please return to Bloomington Parks and Recreation:

401 N. Morton, Ste 250
P.O. Box 848
Bloomington, IN 47402
Phone: 812-349-3747
Fax: 812-349-3785

