



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, hot stoves, etc)

Comments/Areas of difficulty: \_\_\_\_\_  
\_\_\_\_\_

**Other Information**

**Please list any diagnoses**

\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How can Bloomington Parks and Recreation best accommodate the participant?**

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

**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/Depend  
\_\_\_\_ 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)**

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

**Please return to Bloomington Parks and Recreation:**

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Fax: 812-349-3785

