



Recreation Services Participant Profile

Client # _____

The participant profile is completed by parent/legal guardian annually for individuals registering for a recreation activity at Grandview Children's Centre.

Participant Name: _____ **Date:** _____

Disability/Diagnosis: _____

Do you have a specific goal for participation in Grandview Children's Centre's Recreation Activities?

Please specify: _____

Interests:

Sports _____ Swimming Deep water Shallow water With a Life Jacket
Crafts _____ Music _____ Drama _____
Active Games _____ Board Games _____ Other interests: _____

Communication: Most times my child communicates by:

speaking in sentences: _____
 using single words or short phrases: _____
 pointing to or giving pictures: _____
 using hand signs or gestures: What communication system does your child use? If the communication system is not a formal signing system, please provide a description of sign and its' interpretation: _____

 augmentative communication: _____

Comprehension: (ability to understand information including following directions)

understands and follows directions with ease: _____

 directions need to be repeated: _____

 directions must be accompanied with visual cues and gestures: _____

 understands multiple step directions: _____

 understands simple/1 step directions: _____

What strategies help your child to follow directions? _____

Social:

readily participates in new group settings _____

stays within confines of program space _____

has difficulty changing from one activity to the next _____

some behaviours may distract or disrupt the group; Please explain: _____

I know my child is frustrated when he/she: _____

Other comments/information: _____

Health:

Seizures: Yes No Frequency? _____ Describe _____

Duration e.g. less than 2 minutes, 5 – 30 minutes _____

Allergies: List all including bee stings if applicable: _____

Medication required at programs: Yes (“Request for Administration of Medication Form” must be completed.)

Physical:

Walks independently: Yes No

Walks without aids in: Household (room area) Community

Uses a wheelchair: Yes No Type: Power Manual

Independent wheeler: Requires assistance: Pushing Coaching/Guidance

Uses a walker: Yes No

Uses walker: Independently requires hands on assistance requires supervision

Time walking/wheeling before fatigue:

5 minutes 30 minutes 1 hour Whole day

Falls: Never Occasionally Frequently Where/when do falls happen? _____

Sitting: Independent Specific seating aid required

Sitting to floor: Independent Requires assistance

Stairs: Independent Needs assistance/rail

Transfers: Independent requires assistance in and out of equipment (e.g. walker)

Lifts: One person two person

Splinting: Yes No Type/schedule: _____

Participant can: hold creative tools independently

Requires adaptive tools brushes markers/crayons scissors

Other: _____

Hearing:

Difficulties: Yes No Other assistive devices (i.e. FM) other: _____

Wears hearing aid Requires sign language interpreter Yes No

Vision:

Glasses Yes No

Other visual concerns: _____

Personal Care

Eating: difficulties with swallowing/choking Yes No _____

special diets: Yes No _____

requires assistance: Yes No _____

food allergies: Yes No _____

adaptive equipment required: Yes No _____

Dressing: Independent Independent with supervision requires assistance

Toileting: Independent Independent with supervision requires reminding

wears diapers/attends: what is the frequency of changing schedule? _____

catheterization _____

Are you comfortable with our staff assisting your child on a 1:1 basis with toileting or dressing should the need arise?

Yes ____ No ____

Support Worker: 1:1 Support worker will accompany client Yes _____ No _____

Additional information that will help us plan for your child's participation in recreation activities:

I/we agree that the information, contained herein is correct. I/we further agree that if there is a change in information and/or medical condition of my child that I/we will inform Grandview Children's Centre Recreation Services immediately of such change.

This information is confidential and will only be shared with staff, volunteers and community partners that are involved with your child(ren) for the purpose of providing the recreation activities outlined on this registration form.

Signature: _____ Date: _____
Parent/Guardian's signature

Office Use Only:

Interview Date: _____ Interviewer: _____

Admitted By: _____ Date: _____

Family and Client Role in Health and Safety: Date Reviewed _____

Photo Consent: Yes ___ No ___ Requirements: _____ Date: _____