

**2017
Inclusion Profile
Lansing Parks and Recreation**

To help us create a positive experience, please complete the applicable sections of this form with as much detail as possible. Participant information will only be shared with pertinent recreation staff; profiles must be updated annually and as significant changes occur. Please include a current Individualized Education Plan or other important documentation that will help staff build on what is already in place for your child.

General Information

Participant: _____ Age: _____ DOB: _____ Gender: M or F

Address: _____ City: _____ Zip: _____

Disability Classification: _____

Parent/Guardian Name: _____

Email: _____

Phone(s): _____

Emergency Contact(s): _____ Phone: _____

Program Goals

Do you have any specific goals/expectations for this program?

What are your expectations if the participant displays opposition to an activity the group is doing?

- Participant needs to try the activity for 10 minutes
- Participant may work on similar activity parallel to the group
- Participant may sit next to the group and encourage other participants
- Other _____

Communication and Language

Primary means of communication. Please check all that apply.

- Gestures Non-verbal Speaks but is difficult to understand
 Uses communication board/device Has no difficulty with communication

Receptive language:

- Has good auditory processing Responds to 1-step directions
 Understands simple commands Follows directions in a small group
 Follows directions in a large group

When teaching new techniques/skills it is best to:

- Demonstrate the technique/skill Use hand over hand teaching
 Have directions in a written format Use verbal prompts Other (please specify)
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Behavior/Personality

Please attach Behavior Modification Plan if applicable

Comment briefly on the participant's general behavior and moods (ex. Happy, shy, etc.)

How does the participant behave when upset? What are their triggers?

Are you or the participant's current day program/school using any behavior modification program? (Praise, token system, contracts, time outs, etc.) No Yes

List activities and items that the participant enjoys that can be used to reinforce good behavior.

Does the participant have any behaviors the staff needs to be aware of? (ex. Wandering, running away, physically harming self/others, etc.) No Yes

Does the participant have any particular dislikes or fears? No Yes

If the participant becomes anxious or overstimulated, are there any techniques that are helpful in calming?

Socialization

Please check all that apply and comment briefly in the space provided.

- Interacts well with peers Prefers large groups Prefers small groups
 Does not interact well with peers Plays cooperatively in a group Interacts well with adults
 Does not interact well with adults

How does the participant respond to a new environment?

What is the best way to transition him/her to a new environment?

Activities of Daily Living

Does the participant need any assistance with the following?

- Assistance with shoes Reminder to use the restroom
- Assistance with jacket Reminder to wash hands Assistance with washing/drying hands

Medication(s)

List any medications and give instructions if they are to be dispensed at the program. Each day that you attend, you will need to send medication for that day ONLY in the properly marked bottle.

Medical Condition	Medication	When Dispensed	Side effects

Release Information Requests

Does your child have an Individualized Education Plan with the school district? No Yes
 If yes, would you be willing to provide a copy to us? No Yes

Please read the request for follow up information with the teacher/consultant:

We are working with Clinton, Eaton and Ingham County Community Mental Health Department for education, training and support. In addition we would like to work with your child’s teacher or other support staff in the school to provide the best continuation of service. Would you provide contact information so we can follow up with them?

Teachers Name: _____

School: _____ Phone: _____

An appointment or phone consultation must be scheduled with Jodi Ackerman, Recreation Programmer, prior to your child attending the program.
 Please call (517) 483-6029 or email jodi.ackerman@lansingmi.gov

RETURN TO:
 Jodi Ackerman, Recreation Programmer
 1220 W. Kalamazoo St., Lansing, MI 48915
 (517) 483-6029