Inclusion and Support Services
All About Me Package

Individual Information			
First Name:			
Last Name:			
Other Names:			
Birthdate: {MM/DD/YY)			
Gender:			
Email:			
Phone Number:			
Primary Language Spoken:			
What type of language would you prefer our staff use when referring to the participant?			
Person-First Language (i.e. child with autism)		Identify-First Language (i.e. autistic child)	

Parent/Legal Guardian (Primary Contact)			
First Name:			
Last Name:			
Email:			
Phone Number:			
Alternate Phone Number:			
Relationship to participant			
Parent:		Legal Guardian:	
Shared Custody:		Sole Custody:	

Emergency Contact Information	
First Name:	
Last Name:	
Relation:	
Phone Number:	
Alternate Phone Number:	

Inclusion and Support Services
All About Me Package

Transportation Information - BASE Participants Only	
Approximate Arrival Time:	
Approximate Departure Time:	
Participant Travels Independantly:	
Participant will travel with a family member/caregiver:	
Participant will travel using YRT Mobility Plus:	
If required, YRT Mobility Plus ID Number & Password:	

Medical Diagnosis and Information			
Does the individual have a formal diagnosis? Please check all that apply:	Yes:		No:
ADD:		ADHD:	
Down Syndrome:		Developmental Delay:	
Autism:		Other:	
If yes, describe and provide any other pertinent diagnostic information:			
Does the participant take prescribed medication?	Yes:		No:
If yes, please complete a “Medication and Allergy Form” for any medication that must be administered during program hours. **Click Here to Fill out the Medication and Allergy Form.**			

Allergies				
List life threatening allergies:				
Does Individual carry an Epi-Pen?	Yes:		No:	
Any individual using an epi-pen is required to fill out the”Consent for Administration of Medication by Auto Injector Form. **Click here to download the form.**				

Inclusion and Support Services
All About Me Package

Conditions (If Applicable)			
Cardiac:		Seizures:	
Diabetes:		Asthma:	
Other:			
Does participant carry an inhaler/ventilator?			
Yes:		No:	
Does the participant require medication to take during the program?			
Yes:		No:	
Does the participant have any health concerns or restrictions for participation in physical activities such as throwing/catching a ball, walking/running, jumping, swinging on a swing, climbing on a climbing apparatus, swimming, playing sports or active games, cardio activity, or fitness exercises? Please describe in detail below:			

Seizure Details				
Has participant ever had a seizure?	Yes:		No:	
If Yes, Participant must have a completed Seizure Information & Consent Form. **Click here to download the form.**				
What type of seizure(s)?				
Describe warning signs:				
Frequency of seizure(s) and duration:				
Date of last seizure (yyyy-mm-dd)				
I have attached a Protocol Instruction Document with specific details:	Yes:		No:	
Is medication to be administered?	Yes:		No:	

Inclusion and Support Services
All About Me Package

Speech and Language			
How does the individual communicate? Check all that apply, and add any additional information in the box below.			
Single words		Points, gestures, sounds	
2-3 word combination		American Sign Language (ASL)	
Long, complex sentences		Written	
Spontaneous communication		Picture exchange	
Asks questions		Leads adult/individual by hand	
Echolalic		Alternative communication devices	
Perseverate			
Please add any additional information in the box below:			

Social Skills			
How does the individual act in social situations? Check all that apply, and add any additional information in the box below.			
Enjoys group outings		Ability to function in small groups (less than 10)	
Tolerates noise well		Ability to function in large groups (10 or more)	
Prefers small groups (less than 10)		Difficulty interacting with peers	
Prefers large groups (10 or more)		Difficulty interacting with adults	
Please add any additional information in the box below:			

Social Skills (Continued)			
Please indicate which activities listed below that the participant might enjoy.			
Crafts		Unstructured play	
Active games		Playground	
Passive games		Open spaces (i.e. parks)	
Sports		Community outing	
Interact with peers		Water activities	
Please add any additional information in the box below:			
Special Interests & Hobbies (ex. favourite theme, character, song, TV show/movie, etc.)			

Emotions, Focus and Behaviour Management			
Emotions: Comment briefly on the individual's general behaviour and mood			
Calm		Anxious	
Happy		Mood Swings	
Excitable		Easily Frustrated	
Shy		Other:	
Does the individual have strong fears/dislikes? (check all that apply)			
Crowds		Mascots/Costumes	
Loud sounds		Weather (i.e. lightning, thunder)	
Animals		Water	
Bugs		Other:	

Newmarket

Inclusion and Support Services
All About Me Package

Emotions, Focus and Behaviour Management (Continued)			
Focus: Which instructional/assistance methods are the most effective? (check all that apply)			
Hand over hand		Demonstrations	
Verbal Instructions		Peer Support	
Written/Drawn Instructions		Other:	
What works well to motivate the individual? (check all that apply)			
Verbal Praise		Quiet Time	
Music		Reward Chart	
Non-Verbal Praise (e.g. Thumbs Up)		Rewards	
Other:			
Please provide comments if necessary:			

Emotions, Focus and Behaviour Management (Continued)			
Behaviour Management: Check all behaviours exhibited			
High Energy		Screams/Shouts	
Low Energy		Aggressive to Others	
Low Frustration Tolerance		Bites	
Wanders		Scratches	
Runs Away and/or Bolts		Push, Hit or Kick Adults	
Hides		Push, Kick or Hit Peers	
Non Compliant		Destructive to own/others property	
Resistant to change		Self Stimulation	
Self Injurious		Sexual inappropriateness	
Head Butting		Profane language	
Head Banging		Temper tantrums	

Inclusion and Support Services
All About Me Package

Behaviour Management (Continued)			
Please describe individual aggressive and self-injurious behaviours: :			
What kind of situations are triggers?			
Playgrounds/Parks		Swimming Pools	
Public Transit/TTC Line/Buses		Off-location Trips	
Frequent Transitions		Out Trip to new environments	
Weather (e.g. Lightning, Thunder)		Terrain Type (i.e. Grass, Mud)	
Noise, Crowds		Multiple Programs Running in One Area (i.e. Several Camps in One Gym)	
Room Type		Denied a request	
Other:			
Please provide comments if necessary.			

Does the individual have difficulty with transitions?	Yes:		No:	
If yes, what strategies work best? (check all that apply)				

Countdowns		Visual Aids	
Calendars		Songs or Rhymes	
Fidget Toys		First/Then	
Other:			
Please provide comments if necessary.			

Inclusion and Support Services
All About Me Package

Safety			
Please comment on the individual's safety behaviour: (check all that apply)			
Stops/responds to hearing their name		Recognizes danger (i.e. broken glass)	
Can follow verbal directions		Has street safety skills	
Communicates name and phone number		Other:	
Are there any individual habits or concerns pertaining to safety that we should be aware of?			

Senses, Motor and Visual Skills			
Sensory: Select all that apply			
Seeks touch (e.g. hugs, tight spaces, pinches, hits, shows high tolerance for pain)		Seeks messy material (e.g. glue, sand)	
Sensitive to light, sound, taste, smell (describe)		Appears fearful of active games, slides, climbers	
Dislikes being touched		Excessive mouthing of objects/fingers and /or eats non-edible items	
Other:			
Please provide comment if necessary:			
Gross Motor: Select all that apply			
Has good balance (e.g. does not trip, fall)		Needs help with transitional movements or changing positions	
Difficulty with developmental gross motor skills (e.g. kicking ball, climbing stairs, riding tricycle)		Physically dependent for Gross motor movements	
Other:			
Please provide comment if necessary:			

Senses, Motor and Visual Skills (Continued)			
Fine Motor: How is the individual with the following skills			
Full support required for fine motor skills		Needs help learning new fine motor skills	
Needs help with holding small objects		Other:	
Please provide comment if necessary:			
Oral Motor: Does the individual have challenges with the following (check all that apply)			
Swallowing		Coughing/Choking	
Vomiting		Gastrointestinal	
Feeding Information:			
Solid		Puree	
G-Tube		Takes a long time to eat	
Difficulty drinking from a cup		Certain textures (e.g. gags, spits out food)	
Excessive drooling		Difficulties with spoon feeding	
Other:			
Please provide comment if necessary:			

Inclusion and Support Services
All About Me Package

Activities of Daily Living			
Please indicate level of assistance required			
	Independent	**Some Assistance**	**Full Assistance**
Mobility			
Feeding			
Dress/undress			
Toileting			

Is the individual toilet-trained?	Yes:		No:	

Are there any special behaviours/routines/things we should know associated with toileting?
Please indicate if the individual is able to do the following actions (check all that apply)

Wash Hands:		Wipe:	
Use feminine product (if applicable)			

Please provide comment if necessary:

Special Equipment			
Walker		Wheelchair	
Ramp		Ankle Foot Orthosis	
Adult Change Table		Other	
Please provide comment if necessary:			

Newmarket

Inclusion and Support Services
All About Me Package

Swimming					
Is individual comfortable in water?	Yes:		No:		Never Been In Water:	
Please Indicate below which Swimming Environments the individual is comfortable in:						
Splash Pad			Wading Pool			
Swimming Pool			Other:			
What swimming level is individual at:						
Non-Swimmer			Beginner Swimmer			
Advanced Swimmer (Deep end)			Other:			
How does the individual respond to touch in water?						
Positive			Negative			
Does the individual have breath control (e.g. blow bubbles, head in water)?	Yes:		No:		Unsure	
Does the individual require a Personal Flotation Device (PFD)? (e.g. noodles, life jacket)	Yes:		No:		Unsure	
Please provide comment if necessary:						
If an experienced swimmer, can the individual do a Deep-end Test?	Yes:		No:		Unsure	
If the individual is taking or has taken swim lessons, what is the last level completed:						
How does individual enter/exit pool:						
Stairs		Wheelchair				
Ramp		Other:				
Are there challenges with the individual exiting a pool?			Yes:		No:	
If yes, what strategies will work?						

Newmarket

Inclusion and Support Services All About Me Package

Participant Goals or Additional Comments

Waiver and Release of Liability

Disclaimer:
Please note that completing this intake form does not guarentee the assignment of a support staff or enrollment into a recreation program. Please follow up with Inclusion at inclusion@newmarket.ca if you have any further questions.

Important – Read before signing:
I hereby release, waive and forever discharge the Corporation of the Town of Newmarket, its employees, agents and contractors from all claims, demands, actions, causes of actions, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person, or to person(s) who, in law I am responsible for or to my property, howsoever caused, arising or to arise by reason of my participation or person(s) who, in law I am responsible for participating in any program in any location where the program is held. By signing this form I acknowledge having read, understood and agree to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. The participant is responsible for his/her own medical coverage.

Acknowledgment
I acknowledge receipt of the above information and agree to the terms of this form. I confirm that I have the authority to sign this form on behalf of any other parent/guardian of the Participant and to sign on behalf of the Participant, if applicable.

I have read the waiver and release of liability set out above, fully understand its terms and sign this acknowledgment freely and voluntarily.

Parent/Guardian Name:	
Phone Number:	
Parent/Guardian Signature :	
Witness Name and Signature :	
Date Signed:	