

Parent Name:

Contact Info:

Oakland Parks, Recreation and Youth Development | Inclusive Recreation Services

Getting to Know Your Child

Participant's Name:	
Today's Date:	Birthdate:
School/ Grade:	IEP or IPP?
Likes/ Strengths:	Dislikes/ Areas to Improve on:

<p>Communication/Social Skills: How does your child communicate? Does he or she utilize an adaptive device? What kind of changes should we be aware of? (if frustrated then becomes aggressive, etc.)</p>	
<p>Please Check One:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbally Independent <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Communication Aid <input type="checkbox"/> Sign Language <input type="checkbox"/> Other: 	<p>Please Check One:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Can Follow Simple/ Complex Directions Independently <input type="checkbox"/> Can Follow Simple Directions with Physical or Verbal Prompting <input type="checkbox"/> Needs Step-by-Step Assistance

Functional Needs: Please indicate where assistance/supervision may be needed in regards to mobility, feeding, toileting, dietary restrictions, allergies, medications etc. For medications, please list any side effects that may affect participation. **Please Note:** City staff does not provide physical assistance with using the toilet.

Behavior Management Strategies: What specific plan, if any, is used? Include tips regarding transitions, prompts, what motivates them, triggers, aggressive behaviors, etc.

Level of Supervision Needed: Most programs operate with a 1:12 staff to participant ratio. If needed, are you connected with outside programs that can offer extra support?

- No additional supervision needed
- Some additional supervision needed
- Constant additional supervision needed

Please use the back of this paper to provide any additional information

OPRYD Site and Activity: _____