

# Inclusion Interview

This form should be attached to the general registration form.

PLEASE PRINT

Program \_\_\_\_\_ Date(s) and Times of Program \_\_\_\_\_

Date \_\_\_\_\_ Name of Participant \_\_\_\_\_

Name of interviewer(s) \_\_\_\_\_

Name of person(s) interviewed \_\_\_\_\_

Relationship to participant (if other than participant) \_\_\_\_\_

## What kind of support is needed?

- None, just be aware of
- One on One support to provide for \_\_\_\_\_
- Assistance/adaptation with gross motor tasks (running, sports)
- Other \_\_\_\_\_
- Initial orientation to program, environment, schedule, etc. only
- Assistance with fine motor tasks (cutting)
- Uses assistive device(s) (manual/power w/c, crutches, cane, prosthesis, cuff)

## Additional comments:

## What is the participant's primary means of communication?

- Speaks and understood by others
- No means of verbal communication, uses \_\_\_\_\_
- Communication board
- Other (eyes, gestures, etc.) \_\_\_\_\_
- Speaks, but difficult to understand
- Sign language

## Additional comments:

Are personal services (feeding, toileting, changing clothes) needed?  Yes  No

If yes, describe \_\_\_\_\_

Is there another way to have these needs met? (i.e. family) \_\_\_\_\_

## Check behaviors that are a concern:

- Withdrawn/shy
- Hyperactive
- Short attention span
- Manipulative
- Other \_\_\_\_\_
- Easily discouraged
- Physically harms self\*
- Runs away\*
- Steals
- Frustration tolerance
- Physically harms others\*
- Oppositional/defiant\*
- Difficulty telling the truth

Describe best ways to manage behaviors checked above (be specific): \_\_\_\_\_

\*Behavior management is required, other behaviors may require plan. See MDPR Behavior Management Policy & Plan.

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List strong fears participant may have \_\_\_\_\_

List activities participant particularly likes \_\_\_\_\_

List activities participant particularly dislikes \_\_\_\_\_

What are your expectations for this participant in this program? \_\_\_\_\_

## Medical/Dietary Information

Does participant take medications?  Yes  No

*\*If assistance is needed with medications, see Medication Policy and fill out Medication Form.*

Medication side effects staff should be aware of: \_\_\_\_\_

Does the participant have seizures?  Yes  No

*\*If yes, describe type, (petit or grand mal) frequency, duration and warning signs* \_\_\_\_\_

List desired seizure first aid procedures for this participant \_\_\_\_\_

List dietary restrictions/allergies/other medical conditions staff should be aware of \_\_\_\_\_

## Resources

Will anyone other than you be visiting participant at camp?  Yes  No *\*If yes, see Visitation Policy and fill out Visitation Form.*

May we contact teacher/therapist or others providing services to participant?  Yes  No

*\*If yes, list contact information:* \_\_\_\_\_

Best ways to motivate participant: \_\_\_\_\_

Any other information or Special Precautions that would be beneficial to Rec Staff: \_\_\_\_\_

**INCLUSION PLAN:** list specific actions in the appropriate category that staff will take to provide access:

- Environmental accommodations (changes to site to provide improved access)
- Activity accommodations (changes to activities to increase participation with other children)
- Staffing accommodations: (changes to provide additional hands on assistance to participant)

**All information on this form is confidential and will only be shared with Recreation staff.**

Signature of Person Interviewed \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

- Communication accommodations: (changes to provide effective communication with staff and peers)
- Transportation accommodations: (request for lift equipped vehicle if needed)
- Other accommodations: \_\_\_\_\_

**This is a sample Individual Assessment courtesy of Miami-Dade County Parks and Recreation Department. We encourage all agencies to individualize and adapt the information to what best suits the needs of your programs and the children you serve. If you have any questions, please feel free to consult with your Inclusion Specialist.**