The purpose of this form is to gather information from the parent/caregiver about the participants abilities and needs, to establish the appropriate supports.

 **Participant Information Intake Form**

|  |  |  |
| --- | --- | --- |
| **Participant Name:** |  |  |
|  ***First Last***[ ]  **Male** | [ ]  **Female** [ ]  **New Participant |** [ ]  **Returning Participant** |
| **Age: \_\_\_** | **Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

# Emergency Contact name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Program/Year Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Medical Information**

|  |
| --- |
| **Does the individual have a medical diagnosis?** |
| **Please check all that apply:*** Not Applicable
* Developmental Delay
* Down’s Syndrome
* Autism
 |  |
| * Other – Please provide details below
 |
| **Mobility:** Please check all that apply |
| * Helmet
* AFO (ankle foot orthosis)
 | * Wheelchair
* Walker
 | * Crutches
 |
| [ ]  Other – Please provide details below |

|  |
| --- |
| **Visual or Hearing Impairment:**  Please check all that apply |
| * Hearing Aids
* Glasses
 | * Talker (iPad)
* Ear Plugs
 | * Ear Tubes
 |
| * Other – Please provide details below
 |
| **Health conditions**:* Ex: heart conditions, respiratory conditions, allergies, atlantoaxial instability syndrome, other
 |
|  |
| **Seizures:** Please indicate thetype, frequency, duration, medication, date of last seizure, 911 information, and any other applicable information needed |
|  |
| **Will the participant require prescribed medication throughout the program?** * Ex: Inhaler, ventilator, other

☐ No | ☐ Yes - Please provide details below |
|  |

**Behavioral Information**

**Are there any behavioural concerns that we need to be aware of, and how should we address them?**

* Ex: Triggers, hyperactive, temper tantrums, self-harm, other

# Are there any specific instructions regarding the following?

* Ex: Response to Touch | Communication | Social Settings | Environmental Triggers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Does the participant have a tendency to run away?** * Ex: runs away from the group or will run in and out of program spaces
* No | ☐ Yes - Please provide details below
 |
|  |
| **If the participant has previously attended our programs, have there been any significant behavioural changes since they last attended?*** N/A | ☐ No | ☐ Yes - Please provide details below
 |
|  |

**What is the best way to deliver instructions/directions to the participant?**[ ]  Ensure eye contact before giving directions/instructions[ ]  Give directions/instructions wait a minute or two and repeat again[ ]  First and then statements[ ]  Use visuals / gestures / physical prompting [ ]  Other – Please provide details below |

**Swim Lesson Information**

|  |
| --- |
| *If your child is not registered for swimming/adapted lessons, you do not need to complete this section.***Please describe the participant’s level of comfort in the water:** |
| [ ]  **Unable to swim** [ ]  Shallow End [ ]  Life Jacket Required[ ]  Deep End [ ]  Life Jacket Required[ ]  **Weak Swimmer**[ ]  Shallow End [ ]  Life Jacket Required[ ]  Deep End [ ]  Life Jacket Required[ ]  **Moderate Swimmer**[ ]  Shallow End [ ]  Life Jacket Required[ ]  Deep End [ ]  Life Jacket Required[ ]  **Strong Swimmer**[ ]  Shallow End [ ]  Life Jacket Required[ ]  Deep End [ ]  Life Jacket Required |
| **Please describe the participant’s prior experiences in water-based settings:** * Ex: swimming lessons, splash pads, therapeutic water activities, other
 |
|  |
| **What is the goal for the participant’s swimming lesson?** |
| **Please check all that apply:*** To complete skill requirements in a level
* Develop comfort in water
* Increase physical activity

If the participant seeks to gain comfort in the water and/or achieve a swim level, an additional workbook will be provided to track their progress for future lessons.  |
| **Does the participant use any devices in the water?*** Ex:swim cap, ear plugs, personal flotation device
 |
| **Please check one:** ☐ No | ☐ Yes - Please provide details below |
| **Support Worker Information****Please select the type of support you will be utilizing:*** Internal Support (1:1) – Scheduled Town of Caledon staff (dependent on staff availability)
* External Support – Scheduled by participant parent/guardian

Please note: Anyone attending as a support worker must be at least 16 years of age at time of the program, read and sign the external support worker expectations form. |

**Acknowledgement – Participant Profile**

I acknowledge and agree that the information collected in this participant profile is accurate and that all imperative information has been shared in its entirety.

I agree and confirm that this profile can be shared with Town of Caledon staff that will be working with and within the proximity of the participant.

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Name**  | **Signature** | **Date** **DD / MM / YYYY** |

**Acknowledgement – Behaviour Guidelines**

I acknowledge that I have read and understand the Town of Caledon, Behaviour Guidelines and Requirements as listed.

I agree that if the Behaviour Guidelines and Requirements are not met, the participant will be removed from programs.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Name  | Signature | **Date** **DD / MM / YYYY** |

**Acknowledgement – External Support Worker**

I acknowledge that I have read and understand the Town of Caledon, External Support Worker Expectations and Requirements as listed.

I understand if the External Support Worker Expectations and Requirements are not met, they will not be permitted to support the participant in the Town program.

|  |  |  |
| --- | --- | --- |
| **External Support Worker Name**  | **Signature** | **Date** **DD / MM / YYYY** |

|  |
| --- |
| **Parent Confirmation**To ensure a successful program experience, families who do not complete and submit the Participant Profile *at least thee (3) days prior* to the first day of programs, will not be permitted to attend.* **By checking this box, I agree that the information collected in this form is correct and in its entirety.**
 |
| **Parent/Guardian Name:**  |
| ***First*** | ***Last*** |
| **Signature:**  | **Date:**  |

**Please email completed forms to the Specialty Programmer at** **amy.cauz@caledon.ca**