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**](mailto:amy.cauz@caledon.ca)