

## **Customer Profile: Inclusion**

**Please return this form electronically to: [Gary.Logue@fairfaxcounty.gov](mailto:Gary.Logue@fairfaxcounty.gov)**

**Fax: 703-324-3976**

**Mail:** FCPA Park Services Division  
12055 Government Center Parkway, Suite 425  
Fairfax, VA 22035  
Attn: GLogue

**Date:**

**Name of customer:**

**Member number:**

**Gender:**

**Date of birth:**

**Parent/guardian (if applicable):**

**E-mail address:**

**Home phone number:**

**Work phone number:**

**Cell phone number:**

**I prefer to be contacted during the day at:**

**Class/Camp title:**

**Location:**

**Class/camp session start date/time:**

**Class/camp session end date:**

**Top Program Goal:**

**Second Program Goal:**

**Primary Diagnosis:**

**Secondary Diagnosis:**

**Severity of Disability**                      Mild                      Moderate

**Interaction skills**

Please rate on a 1 to 5 scale with 5 being strongly agree and 1 being strongly disagree.

Comprehends and learns through verbal directions	Choose One
Speaks and is clearly understood	Choose One
Consistently requires visual aids and modeling to participate in activities	Choose One
Requires adaptive equipment to participate in activities	Choose One
Responds to incentive/reward programs	Choose One
Sensitive to others touch	Choose One
Can manage his/her anger when upset	Choose One
Communicates personal needs	Choose One
Cooperates w/staff and peers; shares	Choose One
Stays with assigned group with minimal supervision	Choose One
Becomes frustrated during recreation activities	Choose One
Learns best with visual cues	Choose One
Maintains personal space	Choose One
Requires redirecting and prompting to attend to tasks	Choose One
Can stay on task for            minutes	Choose One

***Reminder: Leisure coaching IS A LIMITED RESOURCE. Transitional support into support FCPA camps/classes is based on availability and need. The maximum level of support is generally 3 days of camp during a given week and should not be construed to serve as 1:1 support (they often support multiple kids). Classes maintain some flexibility based on the progress of the customer. If additional support is needed in a camp or class to help meet the code of conduct, parents, under the ADA, may provide their own support (self, therapist, aide, babysitter, etc.).***

***\*\*\*Effective Mid-August through Labor Day: Camp access to leisure coaches is generally non-existent. Leisure Coaches (teachers, instructional assistants, and college students) generally return to school during that time frame. ADA accommodations and an accommodation plan are provided for the camp staff/customer\*\*\****

**What strategies/techniques are used at home/school/work to promote positive behavior and/or discourage or redirect inappropriate behavior? You are welcome to provide a copy of the plan.**

**Under the Americans with Disabilities Act (ADA) your child is entitled to reasonable accommodations as a customer with a disability. What specific ADA accommodations are you requesting? (Examples: written visual schedule, behavior plan, adaptation or modification to instruction or equipment, lower staff ratio, etc.)**

**If enrolled in a summer camp, will the customer need medication dispensing, g-tube feedings, or any other medical procedure during program hours?**

Yes

No

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