Montgomery County Recreation: Therapeutic Recreation Team

PARTICIPANT PROFILE FORM

(Parents, please us with the following information about your child)

We want your child/teen to have a successful leisure experience!

SECTION 1	**PERSONAL INFORMATION**

Participant Name:		
Age:	Date of Birth:	School:
1st Parent/Guardian Name:	Home AND Cell #:	Work #:
2nd Parent/Guardian Name:	Home AND Cell #:	Work #:
Address:	E-Mail (s):	
1st Emergency Contact Name:	1st Emergency Contact Phone #:	
2nd Emergency Contact Name:	2nd Emergency Contact Phone #:	

SECTION 2	**HEALTH INFORMATION**

Primary Disability (check all that apply): ☐ ADD/ADHD ☐ Hearing ☐ Visual

☐ Physical ☐ Speech ☐ Learning ☐ Emotional ☐ Intellectual Disability

☐ Autism Spectrum ☐ Epilepsy ☐ Down Syndrome ☐ Other_____

PART A

Medical Conditions: ☐ Asthma ☐ Heart Difficulties ☐ Diabetes

☐ Allergies (please list)_____ _____

☐ Dietary Restrictions (please list)_____

☐ ***Seizures** (if yes, what type?)_____

***Please list Seizure related medications:**

***Date of last Seizure:** ***Duration of last Seizure:**

***Please describe any Seizure warning signs:**

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PART B
Are there any medications that will be taken at MCR programs? ☐ Yes ☐ No If yes, please list all _____ **PLEASE NOTE: An Authorization for Medication Form *must be attached* if your child must receive medication during program hours. Call 240-777-6870 or go to montgomerycountymd.gov/rec** Are there any additional medications taken at home (for precautionary purposes)? ☐ Yes ☐ No If yes, please list all _____

SECTION 3	**BEHAVIORS**		
	YES	NO	**How do you REDIRECT/ASSIST with managing this behavior**?
Bites			
Uses inappropriate language			
Runs away			
Hyperactive			
Easily distracted			
Easily discouraged			
Short attention span			
Shy/withdrawn			
Physically harms others/self (hits…)			

SECTION 4	**COMMUNICATION**		
What is the participant's primary means of communication and/or the best way to communicate with the participant? _____			
	YES	NO	SPECIFICS/COMMENTS

Understands spoken directions?			

SECTION 4	**COMMUNICATION Continued…**		
	YES	NO	SPECIFICS/COMMENTS
Communicates name and phone #?			
Communicates needs and feelings?			
Uses a communication device?			
Uses sign language?			
Speaks clearly?			

SECTION 5	**ACTIVITIES OF DAILY LIVING & PHYSICAL INFORMATION**			
	Independent	Some Assistance Needed	N/A	COMMENTS
Dressing/Undressing				
Eating				
Holding objects				
Swimming				
Vision				
Balance				
Walking				
Walking up/down stairs				
Using a cane/walker				
Using a wheelchair/scooter				□ Manual □ Power
Transfer from wheelchair/scooter				

SECTION 6A	SOCIALIZATION & SAFETY (please check ALL that apply)

☐ interacts with peers ☐ uses appropriate touch ☐ cooperates with staff/adults

☐ outgoing/talkative ☐ able to wait turn ☐ prefers to be alone

☐ enjoys outings ☐ tolerant of noise levels ☐ stays with groups

☐ enjoys swimming/water ☐ recognizes danger ☐ manages own money/forms

☐ responsible for own belongings

Please indicate any **fears** (i.e. thunderstorms, bees, dogs, loud noises, etc.)

_____

SECTION 6B

*What are the participant's strengths?

*How do you **reinforce positive behavior** (i.e. stickers, high fives, verbal praise, snacks, etc.)?

*What activities does the participant enjoy (please check all that apply)?

☐ board/table games ☐ arts n crafts ☐ reading/story time ☐ puzzle ☐ music

☐ sensory activities ☐ team sports ☐ fitness/physical ☐ dancing ☐ cooking

☐ outdoor activities ☐ van rides ☐ other _____

Is there a behavior management plan in place? ☐ yes ☐ no

I certify that all of the information indicated on this form is complete and accurate.

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_____ _____

SIGNATURE (Parent or Guardian) **DATE**