

Participant Intake Form

Township of King Integration Services **CONFIDENTIAL**



Participant Name: _____ **Age:** _____

Personal Information

Name of Parent/Guardian: _____ Emergency Contact: _____

Phone Number: _____ (Home) Phone Number: _____ (Home)

_____ (Work) _____ (Work)

_____ (Cell) _____ (Cell)

Email: _____ Relation: _____

Participant's Exceptionality

Diagnosis/Diagnoses :

Organizational Support

School Setting

- ☐ Mainstream Classroom with Indirect Service
- ☐ Mainstream Classroom with Resource Assistance
- ☐ Mainstream Classroom with Withdrawal Assistance
- ☐ Partially Integrated (Community Class or Student Support Services)
- ☐ Fully Self Contained with Special Education Class

Other comments:

Is there a safety plan in place? ☐ Yes ☐ No

If yes, may we obtain a copy? ☐ Yes ☐ No

Medical Information

A. Medication to be taken during the day: ☐ Yes ☐ No

If yes:

Medication Name: _____

Medication Type (inhaler, pill, liquid, etc.): _____

Organization

- ☐ York Support Services Network
- ☐ Children's Treatment Network
- ☐ Blue Hills
- ☐ Kerry's Place Autism Services
- ☐ Autism Ontario
- ☐ CCAC
- ☐ Safe Haven
- ☐ Respite Services
- ☐ Meta
- ☐ Chai Life Line
- ☐ Other: _____

Time of day to be taken:

- ☐ Before eating
- ☐ Lunch time
- ☐ After eating

Other: _____

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B. Seizures ☐ Yes ☐ No

If yes:

Type: _____

Frequency: _____

Duration: _____

Warning signs: _____

Preferred action: _____

Other important medical information: _____

C. Allergies ☐ Yes ☐ No

Allergen 1: _____ Carries Epi-Pen: ☐ Yes ☐ No

Allergen 2: _____ Carries Epi-Pen: ☐ Yes ☐ No

General Assistance

A. Toileting/Changing

- ☐ Independent
- ☐ Requires assistance
- ☐ Requires prompting
- ☐ Diapers
- ☐ Other: _____

B. Feeding and Eating

- ☐ Independent
- ☐ Requires minimal assistance
- ☐ Requires prompting
- ☐ Requires full assistance
- ☐ Other: _____

What assistance, if any, is required (please check all that apply):

- ☐ Accompanied to the bathroom
- ☐ Assist with changing (pants up, pants down, etc.)
- ☐ Place on toilet
- ☐ Assist with washing and drying hands
- ☐ Assist with wiping
- ☐ Change diaper

Comments: _____

C. Physical Mobility

Please indicate any mobility aids/ assistive devices this participant uses:

- ☐ Splints
- ☐ Walker
- ☐ Wheelchair
- ☐ Other: _____

Please describe any accommodations related to mobility that this participant may need throughout their recreational activity:

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Communication

My child communicates in the following ways:

- ☐ Talking
- ☐ Sign language
- ☐ Picture symbols
- ☐ Gestures
- ☐ Pointing
- ☐ Ipad/Communication Device
- ☐ Other: _____

My child will understand you best if you:

- ☐ Get their attention
- ☐ Have eye contact
- ☐ Speak slow and clear
- ☐ Use gestures
- ☐ Repeat instructions and directions
- ☐ Use visuals
- ☐ Other: _____

Behaviour

A. Sensory

Things that will upset my child:

- ☐ Loud Noises
- ☐ Crowds
- ☐ Being Touched
- ☐ Holding Hands
- ☐ Humming Sounds
- ☐ Bright Lights
- ☐ Odours
- ☐ Whistles
- ☐ Clapping
- ☐ Screaming
- ☐ Singing
- ☐ Crying
- ☐ Other: _____

Things that will calm my child:

- ☐ Deep Pressure
- ☐ Music
- ☐ Weighted objects
- ☐ Fidget Toys
- ☐ Bean bag Chair
- ☐ Small, quiet spaces
- ☐ Movement
- ☐ Rocking
- ☐ Other: _____

Describe effective ways of dealing with inappropriate behaviour:

B. Behaviour :

- ☐ Hyperactive
- ☐ Non – compliant
- ☐ Self-stimulation
- ☐ Sexual inappropriateness
- ☐ Attention Seeking
- ☐ Temper Tantrums
- ☐ Self-Injurious
- ☐ Aggressive to others
- ☐ Profane language
- ☐ Other: _____

When my child is **angry/ upset** they will let you know by:

Saying: _____
Doing: _____

Known Triggers:

When my child is **happy** they will let you know by:

Saying: _____
Doing: _____

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Participation

☐ Swimming

- ☐ My child enjoys swimming
- ☐ My child does not enjoy swimming
- ☐ My child needs assistance to get in the pool physically
- ☐ My child needs assistance to get out of the pool physically
- ☐ My child will require a life jacket in the pool
- ☐ My child will require goggles in the pool
- ☐ My child must keep their glasses or sunglasses on in the pool
- ☐ My child wears earplugs in the pool
- ☐ My child wears water shoes while in the pool

B. Setting my child up for Success

- ☐ He/She can sit for minutes.
- ☐ He/She will need when they are sitting for long periods of time.
- ☐ He/She learns best when sitting (beside/across) from their support staff. (CIRCLE ONE)
- ☐ He/She needs warnings before transitions – verbal / visual / physical (CIRCLE)
- ☐ He/She needs a structured routine
- ☐ He/She has difficulties with changes in routine

He/She needs your support with the following visual aids – Schedule board / PECS binder / First – Then Board (CIRCLE)

Other things my child needs are:

If we have missed anything, or if you would like to share additional information please do so:

Thank you for taking the time to complete this Intake Form. The information you have provided will assist us in providing a positive and successful summer camp experience for your child. **Personal information (PI) is collected under the authority of the Municipal Act and will be used for administering recreational programs. Personal information (PI) will be protected in accordance with Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions about the collection of personal information (PI) should be directed to Supervisor, Recreation , 15 Old King Road, Nobelton, L0G 1N0 or Supervisor at (905) 833-5321**