



Tualatin Hills Park & Recreation District Inclusion Request Form

Please complete this form and return to:
15707 SW Walker Ave, Beaverton, OR 97006
Email: inclusion@thprd.org Phone: 503-629-6330

Date: _____

Participant Name: _____ THPRD ID #: _____

Guardian Name: _____ Relation to Participant: _____

Phone: (1st) _____ (2nd) _____ Email: _____

Preferred Language of Communication: ☐ English ☐ Spanish ☐ Other: _____

Describe accommodation needed (Could include nature of disability):

Has the individual participated in THPRD recreation programs before? ☐ Yes ☐ No

Has the individual received inclusion services in the last year? ☐ Yes ☐ No

Qualified individuals with disabilities who wish to participate in THPRD programs and who need accommodation are invited to present their requests by filling out this Inclusion Support Request form and returning it **two(2) weeks prior to the start date of ANY Program activity in order to have sufficient time to schedule a staff member.**

Name of Class/ Activity	Class Number (Starts with 2 Letters)	Location	Date(s)	Time(s)

Please use additional sheets if needed

1. **RE-APPLICATION REMINDER:** Requests must be completed & signed each term (quarter) to keep information current & to ensure Inclusion Assistant availability. Form is not complete until page 6 is signed.
2. **INTAKE PORTION:** The Intake portion (pages 2-5) must be filled out annually or when changes occur, *e.g., change in behavior support, new triggers, medication change.*
3. **PARTICIPANT/GUARDIAN RESPONSIBILITY:** Participant/Guardian is responsible to inform Inclusion Services about addition or deletions to the schedule above as soon as a change occurs. This includes class drops, late arrivals, early pick-ups, planned absences, etc.

THPRD provides accommodation in compliance with the Americans with Disabilities Act (ADA)

Updated 4/2019



Tualatin Hills Park & Recreation District Inclusion Intake Form

This form is specifically for participants who need inclusion assistance services

NOTICE: Inclusion Services requests that this form be completed annually to keep participant information updated. All information will be kept confidential and shared only with those persons assisting the participant. Questions related to disability and diagnoses are optional. Please provide as much information as you are comfortable with sharing. Information will be used to develop an Inclusion Plan to assist with the success of inclusion.

Date: _____

Participant Name: _____

Preferred Name: _____

Section 1: EMERGENCY INFORMATION

In case of emergency, if Parent/Guardian is not available, please contact:

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Section 2: MEDICAL INFORMATION

Medical Conditions? (diabetes, allergies, seizures, asthma, autism, down syndrome etc.) ☐ YES ☐ NO

If yes, please specify: _____

Hospitalization or change of condition in the last year that we should be aware of? ☐ YES ☐ NO

If yes, please specify: _____

Are there any dietary restrictions or food allergies/intolerances? ☐ YES ☐ NO

If yes, please specify: _____

Is the participant currently on any medications? ☐ YES ☐ NO

If yes, please specify: (Attach additional sheets if needed)

Name of Medication	Dosage	AM	Noon	PM	Reason for Taking
EX: "Depakote"	125 mg = 1 tablet	10:00am	n/a	2:00pm	Controls seizures

Tualatin Hills Park & Recreation District Inclusion In Take Form (continued)

☐ Walks Independently ☐ Manual Wheelchair ☐ Electric Wheelchair ☐ Walker ☐ Braces ☐ Cane
☐ Unsteady Balance ☐ Uses Mobility Device Independently ☐ Needs Mobility Assistance

If needed, how can we assist with mobility: _____

If assistive devices are used, does the participant use equipment independently? ☐ YES ☐ NO

PERSONAL CARE:

Please Note: Inclusion Assistants do not provide personal care (including, but not limited to: toileting, dressing, transporting, eating, etc.) for Inclusion Services

VISION/HEARING:

☐ Legally Blind ☐ Wears Glasses ☐ Partial Vision ☐ Right Vision Only ☐ Left Vision Only
☐ Deaf ☐ Wears Hearing Aids ☐ Partial Hearing ☐ Right Hearing Only ☐ Left Hearing Only

COMMUNICATION

Is English the participant's primary language? ☐ YES ☐ NO

If no, what is the participant's primary language: _____

Does the participant use formal verbal language to communicate? ☐ YES ☐ NO

If no, please indicate preferred method of communication:

☐ Communication Board ☐ ASL/Sign Language ☐ Pictures ☐ Other: _____

If needed, how can we assist with communication: _____

SENSORY

☐ Sensory Craving ☐ Sensory Over-Responsivity ☐ Sensory Under-Responsivity ☐ Poor Motor Control
☐ Poor Postural Control ☐ Sensitive to: __ Sound __ Touch __ Visual __ Taste __ Smell __ Movement

Sensory needs we should be aware of: _____

Section 3: BEHAVIOR SUPPORT

Does the participant have behavioral concerns at home or in the classroom? ☐ YES ☐ NO

If yes, please explain: _____

Tualatin Hills Park & Recreation District Inclusion In Take Form (continued)

Does the participant have a behavior plan?

☐ YES ☐ NO

If yes, please describe (or attach sheet): _____

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Able to be left alone | <input type="checkbox"/> Recognizes danger |
| <input type="checkbox"/> Wanders or leaves the group | <input type="checkbox"/> Runs away/flight risk |
| <input type="checkbox"/> Will ask for assistance when needed | <input type="checkbox"/> Unable to communicate needs |
| <input type="checkbox"/> Puts self at risk | <input type="checkbox"/> Will take other's belongings |
| <input type="checkbox"/> Verbally aggressive to others | <input type="checkbox"/> Physically aggressive to others |
| <input type="checkbox"/> Easily over-stimulated | <input type="checkbox"/> Easily distracted/difficulty focusing |
| <input type="checkbox"/> Has specific fears/concerns (if checked please list): _____ | |
| <input type="checkbox"/> Has specific triggers (if checked please list): _____ | |

STRENGTHS:

List one or more of the participant's favorite activities or past time:

List one or more of participant's talents (hidden or known):

What other clubs, leagues, or activities is the participant involved with:

How is the participant helpful around the home?

What motivates the participant?

How is the participant successful independently?

Tualatin Hills Park & Recreation District Inclusion In Take Form (continued)

Section 4: INCLUSION GOALS

What would you like the participant to gain from our services?

What things have contributed to the participant having success in a structured activity?

What things have contributed to the participant not having success in a structured activity?

Please describe goals in specific areas provided below

Social Skills <input type="checkbox"/> YES <input type="checkbox"/> NO	Communication <input type="checkbox"/> YES <input type="checkbox"/> NO
Engagement <input type="checkbox"/> YES <input type="checkbox"/> NO	Appropriate Boundaries <input type="checkbox"/> YES <input type="checkbox"/> NO
Independence Skills <input type="checkbox"/> YES <input type="checkbox"/> NO	Motor Skills (Fine, Gross) <input type="checkbox"/> YES <input type="checkbox"/> NO
Mobility Skills <input type="checkbox"/> YES <input type="checkbox"/> NO	Other: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO

Is there anything else you would like to share with us?

Acknowledgment Release

- I understand that THPRD does **NOT** provide Inclusion Services for drop-in programs
- I understand that this service is **NOT** designed for day care services
- I understand that Inclusion Assistants do **NOT** provide personal care (including, but not limited to: toileting, dressing/grooming, transferring, etc.) for Inclusion Services
- I agree to release the information from the participant's IEP/ICP (Individualized Education Plan/Individualized Care Plan) and provide a copy of his/her IEP/ICP to Tualatin Hills Park & Recreation District's Inclusion Services upon request (if applicable).
- I agree to give permission to Tualatin Hills Park & Recreation District's Inclusion Services to contact the participant's care team to discuss the information given in the ICP (if applicable).
- I understand that the Inclusion Assistant does not dictate the structure of the program, and should I have concerns about the structure of the program, I should contact the Program Coordinator for the specific program that is being attended.
- I understand that it is my responsibility to provide the Program Specialist with the most current information on the participant and his/her abilities to assist in making accommodation to meet his/her needs. The Specialized Recreation Program Specialist will then communicate this information to the Inclusion Assistant.
- I understand it is my responsibility to let the Program Specialist know if there are any changes to the information I have provided about the participant as soon as a change occurs. The Program Specialist will then communicate this information to the Inclusion Assistant.
- I understand it is my responsibility to inform Inclusion Services of each program the participant signs up for in which an accommodation is requested.
- **I understand that the participant's accommodation plan does not exempt him/her from following the Tualatin Hills Park & Recreation District's rules & consequences including but not limited to emergency suspension or expulsion if his/her behaviors are beyond our staff's ability to control. This applies to all District programs and/or facilities.** The accommodation in place may assist him/her in meeting these rules, but does not exempt him/her from following them.
- I understand that in case of an Inclusion Assistant emergency, if and when a substitute Inclusion Assistant cannot be found, the participant may attend the program. If he/she is unable to successfully participate in the program, the established progressive discipline system will be followed. **If there is a demonstrated safety risk associated with the individual's participation, the individual may be removed from the program for the day.**

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Office Use Only			
	Date	Location	Staff Initials
Received by THPRD Staff:			
Received by Program Specialist:			