

Date Received:

## Request for Inclusion Support

Please complete this form and return to:  
Email: [inclusion@thprd.org](mailto:inclusion@thprd.org) or 7475 SW Oleson Road, Portland OR 97223  
Phone: 503-629-6341



Participant Name: \_\_\_\_\_ THPRD ID #: \_\_\_\_\_

Person filling out form if different from Participant: \_\_\_\_\_

THPRD's Inclusion Services program provides supports and accommodations that assist patrons experiencing a disability to participate in the wide variety of programs and activities available through THPRD.

To receive Inclusion Support from THPRD, it must be verified by one of the following below; please initial which document you can provide:

- Physician, nurse practitioner, licensed/certified psychologist or licensed clinical social worker
- Qualified to receive early intervention/early childhood special education services
- Eligibility for Supplemental Security Income

Has the individual participated in THPRD programs before? (circle) Yes No

**THPRD requires a minimum two-week notification for processing of inclusion service requests.**

**The Inclusion Support Form must be filled out annually; from the date of submission or when changes occur, e.g., change in behavior support, new triggers, diagnoses, updated IEP.**

Date Received:

## Acknowledgement Release

I understand that THPRD Inclusion Services does **NOT**:

- Provide staff for drop-in programs
- A day care service
- Provide personal care (including but not limited to toileting, dressing/grooming, transferring, etc.)

I understand:

- 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
- And have read the Inclusion Parent and Guardian Handbook prior to signing this document.
- Participants are not guaranteed specific staff assignments
- It is my responsibility to provide Inclusion Services with the most current information on the participant's abilities to assist in making accommodation to meet their needs. Inclusion services staff will then communicate this information to the Inclusion Assistant.
- If an Inclusion Assistant isn't available for any reason, the participant is still able to attend the program.
- If there is a demonstrated safety risk associated with the individual's participation, the individual may be removed from the program and the THPRD behavioral policy will be initiated.
- **I understand that the participant's Inclusion Success plan does not exempt the participant from following the Tualatin Hills Park & Recreation District's rules including but not limited to emergency suspension or expulsion if behaviors pose a safety concern. This applies to all District programs and/or facilities.**

I agree:

- To release the information from the participant's IEP/ICP (Individualized Education Plan/Individualized Care Plan) and provide a copy of IEP/ICP to Tualatin Hills Park & Recreation District's Inclusion Services emailing to [inclusion@thprd.or](mailto:inclusion@thprd.or) (if applicable).
- 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).
- To notify THPRD Inclusion Services a minimum of **two weeks** prior to the start of program if support is needed
- To notify the Adaptive and Inclusion Specialist and/or the Adaptive and Inclusion Aid if my participant is unable to attend a program prior to the day that the program occurs.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received:

## Participant Information

**Nature of Diagnosed Disability** – check all that apply

- Dementia/Alzheimer
- Seizure Disorder
- PTSD
- Acquired Brain Injury
- Autism Spectrum    Down Syndrome    ADD/ADHD    Sensory Processing Disorder
- Anxiety    Diabetes    Cerebral Palsy    Learning    Limb/Loss Difference
- Other:

Please describe accommodation needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are there any dietary restrictions or food allergies/intolerances?**

If yes, please specify: \_\_\_\_\_

Does participant have an Individualized Education Program (IEP) Yes  No

If yes, please attach to this application or share IEP via email to [inclusion@thprd.org](mailto:inclusion@thprd.org)

\_\_\_\_\_

**Communication** – check all that apply

- Responds to name    Intelligible Speech    Picture Cues    Reads lips
- Communication Device/AAC    Understands simple directions    Engages in conversation

Uses sign language:  Basic    Fluent

How can we help with communication? \_\_\_\_\_

\_\_\_\_\_

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**Sensory** – check all that apply

- Sensory craving    Sensory over-responsivity    Sensory under-responsivity

Sensitive to:    Sound    Touch    Visual    Taste    Smell    Movement

Sensory needs for us to be aware of: \_\_\_\_\_

\_\_\_\_\_

**Vision** – check all that apply

- N/A  
 Legally blind       Wears glasses  
 Right vision only    Left vision only

If applicable, please explain how we can assist with vision adaptations? \_\_\_\_\_

\_\_\_\_\_

**Hearing** – check all that apply

- N/A  
 Deaf       Wears hearing aids       Hears in left ear  
 Hears in right ear

If applicable, please explain how we can assist with hearing adaptations? \_\_\_\_\_

\_\_\_\_\_

**Mobility** – check all that apply

- Walks independently       Manual wheelchair       Power wheelchair  
 Walker       Braces       Cane       Unsteady Balance       History of Falls  
 Uses mobility device independently

If applicable, please explain how we can assist with mobility adaptations? Any limitations related to activities? \_\_\_\_\_

\_\_\_\_\_

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### Personal Care\*

Does participant need verbal reminders about going to the bathroom?

No  Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

*\*Please note: Inclusion Assistants do not provide personal care (including, but not limited to toileting, dressing, transporting, eating, etc.) THPRD is happy to have Caregivers join programs for this need. Please scan QR code below to register as a non-THPRD caregiver.*



### Behavior Support

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Needs constant supervision for safety | <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"/> Impulsive (verbally/physically)       |  |
| <input type="checkbox"/> Easily over-stimulated                | <input type="checkbox"/> Easily distracted/difficulty focusing |

Has specific fears/concerns (if checked please list): \_\_\_\_\_

Has specific triggers (if checked please list): \_\_\_\_\_

Does the participant have behavioral concerns at home?  Yes  No

Does the participant have behavioral concerns at school:  Yes  No

If yes, please describe: \_\_\_\_\_

Date Received:

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When are the behaviors likely to occur? \_\_\_\_\_

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What techniques are utilized at home and/or school to help de-escalate behaviors?

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### **Strengths and Interests**

List participant's favorite activities or pastimes: \_\_\_\_\_

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List participant's talents: \_\_\_\_\_

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Check all that apply with participant's preferred types of play

- Peer play    Independent play    Imaginative play    Physically interactive play  
 Exploratory play    Quiet play    Creative play

### **Inclusion Goals**

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

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Date Received:

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What has contributed to the participant having success in a structured activity? \_\_\_\_\_

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What has contributed to the participant *not* having success in a structured activity? \_\_\_\_\_

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	<b>Participant/Guardian Goals</b>
Social Skills/Positive Peer Interactions	<input type="checkbox"/> Initiate conversations with others <input type="checkbox"/> Practice taking turns <input type="checkbox"/> Transitioning with group <input type="checkbox"/> Other: _____
Boundaries	<input type="checkbox"/> Able to respect other people's space <input type="checkbox"/> Other: _____
Communication	<input type="checkbox"/> Asking for help/permission (circle) <input type="checkbox"/> Talking to unknown people <input type="checkbox"/> Learning to express wants/needs/emotions positively <input type="checkbox"/> Other: _____
Independence Skills	<input type="checkbox"/> Initiate actively on their own <input type="checkbox"/> Other: _____
Other Goals	

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

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### Class &/or Program Registrations

**\*All paperwork needs to be received two (2) weeks prior to the start date of ANY program activity in order to have sufficient time to process paperwork and assign staff to support.**

Please complete the below form with programs you are registered for:

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

*Please use additional sheets if needed*

**Inclusion Support Renewal:** A registration form must be completed for every new registration. This includes but is not limited to new term classes, no school days for Thrive (paid/unpaid) and any other programs.