

# Child Information Package



Some people see a closed door, and turn away. Others see a closed door, try the knob if it doesn't open... they turn away. Still others see a closed door, try the knob, if it doesn't open, they find a key, if the key doesn't fit... they turn away. A rare few see a closed door, try the knob, if it doesn't open, they find a key, if the key doesn't fit... They make one.

**Communication and Information sharing between parents/ care providers and recreation providers is important when building an inclusive and safe environment.**

## General Participant Information

**1. Child's First Name\*:**

**2. Child's Last Name\*:**

**3. Date of Birth (DD/MM/YYYY)\*:**

**4. Age\*:**

**5. Male or Female\*:**

**6. Diagnosis\* (If there is no diagnosis, please write "No diagnosis"):**

**7. Medical Conditions/Allergies\* (If there are no medical conditions/allergies, please write "none"):**

**8. Medications\* (If there are no medications, please write "none"):**

### Caregiver's Information

**9. Caregiver's Name:\***

**10. Relationship to Child:\***

**11. Address:\***

**12. Postal Code:**

**13. Home Phone:\***

**14. Business Phone:**

**15. Cell Phone:**

**16. Email Address:\***

**17. Language Spoken at Home:\***

## General Information

**18. Please list some of the child's interests and/or likes:\***

**19. Please list some of the child's dislikes:\***

## Communication

**20. How does the participant communicate their needs and wants?  
(Expressive/receptive)\***

Select at least 1 and no more than 4.

PECS       Sign Language       Bliss Board       Verbal

Other, please specify

**21. What is the best way to give instructions?\***

Select at least 1 and no more than 5.

Verbal Conversation       Simple Instructions       2-3 Ideas in a Sequence       Visually Demonstrated

Other, please specify

## Behavioral Supports/Safety Concerns

**22. Does the participant commonly display self-injurious behaviour?\***

Yes  No

**23. Are there any circumstances in which the participant may become physically aggressive?\***

Yes  No

**24. Is the participant likely to wander or run away?\***

Yes  No

**25. Does the participant engage in any self-stimulating/regulating behaviour?\***

Yes  No

**26. Is aggression towards others, peers and/or adults, a common occurrence with the participant?\***

Yes  No

**27. Are there any behaviour that are inappropriate and/or you do not want to encourage?\***

Yes  No

**28. Do you have any concerns about the participant around water i.e. lakes?\***

Yes  No

**29. Please expand on any area that a "Yes" was indicated:**

**30. How does the participant communicate if they are anxious or upset?\***

**31. What are possible triggers for behaviours (sensitivity, environment, transitions, etc.)?\***

**32. What strategies help the participant calm down and/or curb the behaviour?\***

**33. Is the participant aware of, or can the participant recognize a dangerous situation? Does the participant understand the concept of "stranger danger"?\***

**34. How does the participant interact in social settings?\***

**35. Is the participant successful with transitions? Would the participant be more successful with transitions if the following strategies were put in place?\***

Select at least 1 and no more than 6.

- 2 Minute Warning**     **Support**     **Consistent Preparation**     **Minimal Reminders**     **Time/Space to Adjust**

**Other, please specify**

**36. Would you consider a male or female inclusion facilitator a better fit for the participant?\***

Select at least 1 and no more than 1.

- Male                       Female                       No Preference

## Personal Care

Please indicate how much assistance is required for the following:

**37. Changing/Dressing\***

Select at least 1 and no more than 1.

- Independent       Assistance Required

**38. Diaper/Toileting\***

Select at least 1 and no more than 1.

- Independent                       Assistance Required

**39. Eating/G tube or any other Dietary Considerations\***

Select at least 1 and no more than 1.

- Independent                       Assistance Required

**40. Mobility/Assertive Devices (hearing aids/glasses/crutches/braces, etc.)\***

Select at least 1 and no more than 1.

- Independent                       Assistance Required

**41. Transfers/Weight Bearing\***

Select at least 1 and no more than 1.

- Independent                       Assistance Required

**42. Please expand on any area that "Assistance Required" was indicated:**

### **Additional Information**

**43. Are there considerations we need to keep in mind regarding the environment, the program, physical or social needs not previously mentioned?\***

**44. Does the participant have any sensory needs not previously mentioned? (i.e. Vision, Hearing, Speech)\***

**45. Is there any additional information that we should know about the participant?\***

**46. Past/Current Service Providers:**

- Children's Treatment Network
- Closing the Gap
- Community Care Access Center
- Catulpa Community Support Services
- Behaviour Management Services
- ABA/IBA Therapist
- Simcoe Community Support Services
- Children's Aid Society
- Mediator/Chap Worker
- New Path Child and Family Services
- Kinark Child and Family Services
- Kerry's Place
- Kidz "n" Sports
- Private Therapists (eg. speech, occupational, physiotherapist)
- Other, please specify

**Consent to Share Information:**

I, the undersigned parent/guardian, give my consent for the recipient of this document to collect, use and disclose information regarding my child for the purpose of developing and implementing an Inclusive Recreation Plan. Without limiting the generality of the foregoing, I expressly consent to the exchange of information, including this information contained in this form, personal health information regarding my child with any organization as may be reasonable necessary for the purpose of developing an Inclusive Recreation Plan. Including, but not limited to the entities and their associates as listed above and all camps/programs registered through the City of Orillia Parks, Recreation and Culture Department.\*

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

