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## Inclusion Information Form

-----Participant Information-----

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Disability: \_\_\_\_\_

-----Parent/Guardian Information-----

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

-----Program Information-----

Park District: \_\_\_\_\_ Program Name: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Dates of Program: \_\_\_\_\_ Times: \_\_\_\_\_

### Daily Living Skills

<b>Eating</b>	<input type="checkbox"/> Eats Independently	<input type="checkbox"/> Needs to be monitored	<input type="checkbox"/> Needs assistance Explain _____	
<b>Bathroom</b>	<input type="checkbox"/> Toilets Independently	<input type="checkbox"/> Needs to be monitored	<input type="checkbox"/> Needs assistance Explain _____	
<b>Dressing</b>	<input type="checkbox"/> Dresses Independently	<input type="checkbox"/> Needs some assistance	<input type="checkbox"/> Cannot dress independently Exp. _____	
<b>Mobility</b>	<input type="checkbox"/> Walks Independently	<input type="checkbox"/> Uses manual wheelchair	<input type="checkbox"/> Uses motorized wheelchair	<input type="checkbox"/> Uses other devices for mobility
Explain: _____				
<b>Communication</b>	<input type="checkbox"/> Verbal: Speaks clearly	<input type="checkbox"/> Verbal: Difficult to understand	<input type="checkbox"/> Has difficulty expressing needs	<input type="checkbox"/> Gestures/points
	<input type="checkbox"/> Uses sign language	<input type="checkbox"/> Uses hearing devices/hearing aids	<input type="checkbox"/> Uses a communication board/schedule/pictures	
Explain: _____				

# Inclusion Information Form Continued

## Interaction/Socialization Skills

<b>Swimming</b>	<input type="checkbox"/> Swims independently	<input type="checkbox"/> Can swim a little	<input type="checkbox"/> Cannot swim at all	<input type="checkbox"/> Extreme fear of water
Explain: _____				
<b>Social Interaction</b>	<input type="checkbox"/> Initiates social interaction on own	<input type="checkbox"/> Socializes with verbal prompting	<input type="checkbox"/> Avoids social interactions	
Explain: _____				
<b>Prefers being</b>	<input type="checkbox"/> Alone	<input type="checkbox"/> With peers	<input type="checkbox"/> With adults	Explain _____
<b>Is most successful in</b>	<input type="checkbox"/> Large groups	<input type="checkbox"/> Small groups	<input type="checkbox"/> Other	Explain _____
<b>Responds better to</b>	<input type="checkbox"/> Males	<input type="checkbox"/> Females	<input type="checkbox"/> Either	Explain _____

Please list any sensory issues child/participant may have: \_\_\_\_\_  
 \_\_\_\_\_

## Behavior/Conduct

<b>Following Directions</b>	<input type="checkbox"/> Can follow directions independently	<input type="checkbox"/> Needs verbal prompting	<input type="checkbox"/> Needs step-by-step assistance - Please explain below	
Explain: _____				
<b>Check all that apply</b>	<input type="checkbox"/> Short attention span	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Tendency to wander off
	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Verbal outburst	<input type="checkbox"/> Instigates behavior	<input type="checkbox"/> Self-abusive behaviors
	<input type="checkbox"/> Steals	<input type="checkbox"/> Tantrums/Meltdowns	<input type="checkbox"/> Oppositional/Defiant	<input type="checkbox"/> Physical aggression to others
<input type="checkbox"/> List other inappropriate behaviors here: _____				

If you checked yes to any behaviors above, please provide a detailed explanation: \_\_\_\_\_  
 \_\_\_\_\_

What are the known triggers to the behaviors above? \_\_\_\_\_  
 \_\_\_\_\_

Does the participant respond to specific behavior management techniques used at home, school or work?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_

Does the participant have unusual fears or concerns?  Yes  No Explain \_\_\_\_\_

## Personal Interests

Favorite quiet activities \_\_\_\_\_ Favorite active games \_\_\_\_\_  
 Least favorite activities \_\_\_\_\_  
 Favorite food \_\_\_\_\_ Favorite color \_\_\_\_\_ Hobbies \_\_\_\_\_

## Reasons for Participating (please check all that apply)

<input type="checkbox"/> Physical activity	<input type="checkbox"/> Socialization/friendship	<input type="checkbox"/> Group interaction	<input type="checkbox"/> Skill development	<input type="checkbox"/> Motor development
<input type="checkbox"/> Creativity/Self-expression	<input type="checkbox"/> Self-esteem/confidence	<input type="checkbox"/> Responsibility	<input type="checkbox"/> Entertainment	<input type="checkbox"/> FUN!