

Inclusion Profile Form

Salt Lake County Parks & Recreation welcomes individuals of all abilities to participate in both inclusive programming and adaptive recreation opportunities designed to support the needs of the child.

Participant Information

Participant's Name *

First Name Last Name

Age *

Grade

Gender

Male
Female
Other

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Parent/Guardian Information

Parent/Guardian Name *

First Name Last Name

Best Phone Number *

Area Code Phone Number

Alternative Phone Number

Area Code Phone Number

E-mail *

example@example.com

Program Information

Name of Program *

Location of Program *

Start Date of Program

Month Day Year

Disability (if applicable):

This Section Required

Primary (Check all that apply)

Secondary (Check all that apply)

Allergies

Attention Deficit Hyperactivity Disorder (ADD or ADHD)

Autism

Behavioral

Cerebral Palsy

Emotional

Hearing

Intellectual Disability (ID)

Physical Disability (PD)

Learning

Medical Procedure

Physical

Seizure

Traumatic Brain Injury (TBI)

Visual

Other*

Please provide more information:

What are your primary goals for enrolling in the program? (Please rate 1 (most important) - 7 (least important))

1 2 3 4 5 6 7

Recreation Participation (exposure to a variety of activities)

Recreation activity skill enhancement

Opportunities to experience fun in play

Socialization

Physical fitness/wellness

Improve group participation and social skills

Other

Social & Communication Skills

Strongly Disagree Disagree Neutral Agree Strongly Agree

Comprehends and learns through verbal directions

Consistently requires visual aids and modeling to participate in activities

Speaks and is clearly understood

Uses sign language

Initiates conversation and/or seeks contact with peers

Can manage his/her anger when upset

Communicates personal needs

Cooperates with staff and peers; shares

Stays with assigned group with minimal supervision

Becomes frustrated during recreation activities

Avoids or is hesitant about decision making

Maintains personal space

Requires redirecting and prompting to attend to tasks

Can stay on task for 20+ minutes

What strategies/techniques are used at home/school/work to promote positive behavior and/or discourage or redirect inappropriate behavior? Does the customer use a specific behavior plan? (If yes, please provide a copy of the plan.) Please type NA if behavior is not an applicable concern. *

Has the participant ever participated in a similar program before? *

Yes

No

If yes, please indicate the type/level of the program. *

What are some of the participant's strengths? *

What are some topics of personal interest to the participant? *

What school does your child attend? *

School name

What type of school setting is your child in? *

Inclusive/Mainstream Setting

Special Ed Only/Self-contained classroom

Mixture of Inclusive/Mainstream & Special Ed/Self-contained

Homeschool

I'm not sure

May we have your permission to contact the participant's school (if applicable)? If yes, an inclusion staff may contact you to sign an Information Sharing Form. *

Yes

No

Under the ADA (Americans with Disabilities Act) you are entitled to reasonable accommodations as a participant with a disability. What specific ADA accommodations are you requesting? *

Is the participant able to use the restroom on their own? *

Yes

No

Will the participant need medication distribution or any type of medical procedure during program hours? *

Yes

No

If yes, please explain.

An inclusion staff will be in contact with you regarding the information in this form.
If you would like to contact an inclusion staff, please e-mail InclusionRec@saltlakecounty.gov or call (385) 468-1520.
For more information about Salt Lake County Parks & Recreation inclusion services and adaptive programs, please visit our website: <https://slco.org/adaptive/>