



Oregon Park District

304 South Fifth Street
Oregon, Illinois 61061

Inclusion Participation Information Form

Participant's Name _____

Nickname _____

Disability _____

Today's Date _____

Preferred Email _____

Preferred Phone _____

Does participant suffer from, or have a history of, seizures? Yes No

Medications: _____

Please list all medication including doses and times administered. Write N/A if participant does not take any medications.

Other Emergency Numbers & Relationship _____

Program Name _____

Program Date(s) _____ Program Time(s) _____ AM PM

Ability Levels

1. Social Skills

A. Communication Format

_____ Verbally Independent

_____ Speech Impaired

_____ Communication Aid

_____ Sign Language

Comments:

B. Interaction Preferences

_____ One on One

_____ Small Groups

_____ Larger Groups

Comments:

C. Behavior Management Strategy (If Applicable)



2. Physical Skills

A. Movement

_____ Physically Independent
_____ Mobility Aid (please indicate type) _____
_____ Partially Mobile (please explain) _____

Comments: _____

B. Adaptions for participation

_____ Can participate without adaptations
_____ May need adaptive equipment (please explain) _____

Comments: _____

3. Cognitive Skills

_____ Can follow simple directions independently
_____ Can follow simple directions with physical or verbal prompting

Comments: _____

Anticipated goals to be achieved:

This form completed by (print/digitally sign) _____

Relation to participant: _____

Inclusion Manager Sign Off: _____ Date: _____ Program Manager Sign Off: _____ Date: _____
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Please note: Oregon Park District makes every effort to fulfill inclusion requests. If Oregon Park District is unable to find an aide, or it is determined that participation in the selected program is not appropriate and participation is denied, the parent/guardian is entitled to a refund. If, after observation and/or analysis of needs, it is determined that the individual does not need an aide, or if one-on-one assistance is not needed and an aide is assigned to more than one inclusion participant, the parent/guardian will be notified. All participants are expected to follow Oregon Park District Behavior Management Policy.

