

RECREATION SUPPORT SERVICES- PARTICIPANT PROFILE

The following questionnaire is designed to gather information so that RSS may provide the best possible services to your son and/or daughter.

Participant Name: _____ Nickname: _____

Birth Date: _____ Current School/Grade: _____

Parent/Guardian Names: _____

Teacher/Support Staff: _____ Phone Number/Email: _____

Check here if it is okay for RSS to contact teacher/support staff for additional information on individual needs.

Check As Many as Apply:

(Please use the back of this form for comments and to explain as necessary)

Communication:

- Good
- Shy
- Limited Conversation
- Interpreter Needed
- Dominates Conversation
- Inappropriate Topics
- Other: (please explain)

Comprehension:

When given a one or two-step verbal direction, the person:

- Always understands
- Rarely understands
- Usually understands
- Never understands
- Sometimes understands
- Others: _____

Recreation Goals:

- Fitness
- Friendship
- Socialization
- Skills
- Other: (please explain)

Most Comfortable Setting:

Check all that apply

- Individual
- Small Group
- Large Group
- Comments:

General Concerns:

- General Behaviors
- Physical Limitations
- Allergies
- Other: (please explain)

Please turn over and answer the questions on the back of this form...

1. What are your expectations/goals of this program?

2. What are your child's needs in this program? (Medical, safety, mobility, social, etc)

3. What motivates your child (toys, games, etc)? How can we let your child know they're doing a good job?

4. What are your child's favorite activities at home, neighborhood and/or school?

5. What do you worry about in this program? What kinds of issues may your child have that we can try to avoid in this program?

6. Does your child have any of the following behaviors? If so, please list strategies you have used to mitigate these behaviors in the past.
 - Aggression _____
 - Biting _____
 - Hitting _____
 - Running away _____

7. Please identify 5 MUST KNOW facts about your child relating to: goals/skill development, communication techniques, behaviors to be aware of, how to alleviate challenging behaviors, what areas/situations cause your child distress, what calm down strategies have been effective, etc.
 - _____
 - _____
 - _____
 - _____
 - _____

Thank you and please return to:
 Recreation Support Services - Ithaca Youth Bureau
 1 James L. Gibbs Drive - Ithaca, NY 14850