Participant Intake Form

Participant Name: Date:

Emergency Contact:_____

Campbell Recreation Class/Camp:_____

The following questions will assist staff in accommodating the needs of your participant during the camp or program. Please be as detailed as possible as this helps our staff provide the safest and most fun environment for your participant.

What is your participant's diagnosis, condition or special need?

Does your participant require 1:1 supervision? Yes ___ No ___
(I.e. constant supervision to assure the safety of him/herself or others?) An aide may need to be provided by the family if the participant is unable to function in the program ratio (i.e. 1:7 or up to a 1:12 depending on the program).

Does your participant have a history of seizures? Yes ___ No ___
If yes, please describe date of last seizure, frequency, usual duration, procedure for handling seizures.

Does your participant have any allergies or dietary restrictions? Yes ___ No ___
If yes, please describe.

Is your participant independent with personal care needs? Yes ___ No ___
We will chaperone participant to the restroom and verbally assist but we cannot provide any physical assistance. If your participant needs assistance, you will have to provide support.

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Is your participant considered a flight risk? If yes, please describe. Yes ___ No ___
An aide may need to be provided by the family if the participant is unable to stay with or respond to verbal commands about staying with the group.

Does he/she have speech, hearing, or vision limitations or sensory sensitivities? Yes ___ No ___
If yes, please describe.

Does he/she have behaviors that may result in harm to self or others? If yes, please describe. Please note, if these behaviors happen at program, he/she may be sent home.

Please list any negative behavior triggers or anything that you think will be helpful for us to know.

Please describe any redirection techniques that you think will be helpful for us to know. When your participant is upset, what it the best way to help him/her calm down?

Please tell us about your participant's strengths and recreation interests?

Please provide any additional information that will help your participant be successful in the program/camp?