



Customer Profile Fairfax County Park Authority

Background Information

| | | | |
|--|---------------------------------|--|----------------|
| Date: | Participant Name: | Nickname: | Date of Birth: |
| Parent(s)/Guardian(s) Name(s): | Parent(s)/Guardian(s) Email(s): | Parent(s)/Guardian(s) Phone(s): | |
| Diagnosis/Diagnoses & Allergies/Medical Precautions: | | | |
| Language(s) Spoken at Home: | Skills, Talents, Interests: | Motivators/Incentives: | |
| Preferred Recreational Activities: | | Non-Preferred Recreational Activities: | |

Communication Methods (check all that apply & explain)

| Communication | Method Used | Comments |
|---|-------------|----------|
| Spoken Voice | | |
| Sign Language | | |
| Alternative Formats or Aids | | |
| Augmentative and Alternative Communication Device | | |
| Non-Verbal Communication | | |
| Other (please explain) | | |

| Using Preferred Method of Communication | | | | |
|---|---------------|--------------------|------------------------|----------|
| Communication | Independently | Partial Assistance | Total Assistance | Comments |
| Communicates Clearly in all Domains (can be understood) | | | | |
| Requests Help with a Task | | | | |
| Communicates Personal Needs (bathroom, hunger, pain, etc.) | | | | |
| Social Interactions | Independently | Partial Assistance | Total Assistance | Comments |
| Socially Interacts with Peers | | | | |
| Initiates Conversations | | | | |
| Maintains Conversations | | | | |
| Respects Personal Space | | | | |
| Shares with Others | | | | |
| Allows Others to take Turns | | | | |
| Behavioral Cues | | | | |
| Please check any of the following types of triggers that staff should be aware of to provide proactive support. | | | | |
| Transitions | Sharing | | Noise | |
| Hunger | Touch | | Large Spaces | |
| Small Spaces | Authority | | Not Getting Their Way | |
| Changes to Schedule/Routine | Light | | Temperature | |
| Certain Times of Day | Heights | | Other (please explain) | |

Behavioral Cues – Comments

Please use the space below to share any additional information about what you have checked above.

| Behaviors | Independently | Partial Assistance | Total Assistance | Comments |
|---|---------------|--------------------|------------------|----------|
| Uses appropriate language | | | | |
| Keeps hands and feet to self | | | | |
| Uses supplies and equipment properly | | | | |
| Follows directions | | | | |
| Helps with a task when asked | | | | |
| Can cope with being told “no” | | | | |
| Interacts positively with peers | | | | |
| Likes to try new activities | | | | |
| Can stay on task for a preferred activity for 10+ minutes | | | | |
| Can stay on task for a NON- preferred | | | | |

| Activities of Daily Living | Independently | Partial Assistance | Total Assistance | N/A | Describe assistance needed <i>(Leave blank if N/A)</i> |
|--|----------------------|---------------------------|-------------------------|------------|--|
| Uses a wheelchair or other mobility device(s) | | | | | |
| Ability to transfer to and from wheelchair or other mobility device(s) | | | | | |
| Walking | | | | | |
| Stairs | | | | | |
| Uneven ground | | | | | |
| Eating | | | | | |
| Dressing | | | | | |
| Undressing | | | | | |
| Recognize the need to use restroom | | | | | |
| Using the restroom | | | | | |
| Other (please explain) | | | | | |

| Participant can: | Independently | Partial Assistance | Total Assistance | Comments |
|---|----------------------|---------------------------|-------------------------|-----------------|
| Follow 1-step directions | | | | |
| Follow 2-step directions | | | | |
| Follows multi-step directions | | | | |
| Comments | | | | |
| Please let us know how your participant learns best (visual, auditory, with physical prompting, etc.) | | | | |
| | | | | |

Recreation

Please check all that can be done independently and provide any additional supports needed in the comments section.

| | | | | | | |
|-----------------|-----------------------|-----------------------|-------------------------|---------------------|-----------------------------------|-----------|
| Aquatics | Walks on pool deck | Responds to lifeguard | Comfortable in water | Face in water | Hold breath for 3-5 seconds | Comments: |
| | Can float | Swim | Treads water | Jumps from side | Jumps from diving board | |
| Movement | Balance when standing | Balance when walking | Can jump with two feet | Can hop on one foot | Can tumble/roll | Comments: |
| Art | Holds writing utensil | Uses scissors | Uses glue appropriately | Knows colors | Comfortable being messy | Comments: |
| Sports | Catch a ball | Kick a ball | Hit a target | Run | Uses sports equipment as intended | Comments: |

Medication

Please indicate if medication will be needed. If yes, Please fill out the attached FCPA Medication Authorization form and/or the EPI-PEN & Inhaler Medication Authorization form.

| | |
|-------------------------------|--|
| Medication | |
| EPI-PEN | |
| Inhaler | |
| Other (please explain) | |

| Safety Awareness | Independently | Partial Assistance | Total Assistance | Comments |
|--|--------------------------------|--------------------|--------------------|----------|
| Will stay with the group during an activity | | | | |
| Will stay with the group during transition | | | | |
| Will stay with the group during downtime | | | | |
| Recognizes danger | | | | |
| Can safely cross a busy street | | | | |
| Is safe with self and others | | | | |
| Can communicate name and phone | | | | |
| For participants with a Road Id, Project Lifesaver tracker or other service: | | | | |
| Name of tracking device: | | | ID# | |
| Who to contact: | | | Other Information: | |
| Recommendations for Support Please check all that apply. | | | | |
| Social stories | Verbal prompts | | Physical prompts | |
| Hand over or under hand prompting | Modeling | | Peer buddy | |
| Visual cues | Visual schedule | | Timer | |
| Incentives | Adapted equipment | | Leisure Coach | |
| Accommodation plan | Other: <i>(Please Explain)</i> | | | |
| Comments Please use his space to make us aware of anything else that will help best support your participant (supports being used at school and/or home, strategies) | | | | |
| | | | | |
| <p>The information provided above will be used to create an individualized accommodation plan and will be shared with pertinent staff to help facilitate a positive recreational experience. The accommodation plan is an on-going document and can always be updated or changed as program specific needs arise. We make every effort to maintain confidentiality. By completing and submitting this form, you are indicating that the information listed above is accurate and you are granting the FCPA permission to share this information (electronically or verbally) with any pertinent staff.</p> | | | | |