

**Applicant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Fairfax County Department of Neighborhood and Community Services  
 Therapeutic Recreation Services  
 12011 Government Center Parkway, 10<sup>th</sup> Floor  
 Fairfax, VA 22035  
 703-324-5532 Fax 703-222-9788 VA Relay 711

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Therapeutic Recreation Services  
 Intake - General Participant Information**

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Information concerning your child's needs, functioning, and interests provide staff with additional information so that your child is better served. **This information must be updated annually and filled out completely**, and will be treated as confidential (used only in the administration of services).

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Please check the appropriate YES/NO box and complete explanation, when necessary

<u>Medical Information:</u>	YES	NO	If yes, please explain in the area provided below	
Medical concerns/issues				
Allergies				
Seizures			Type:	Frequency:
Dietary Restrictions			Type:	
Takes Medication			Type:	
Will take medication at camp (If YES, please not you MUST fill out a medication form)			Type:	
Behaviors Before/After Medication Administration			Please explain:	

Please explain any of the above situations further. Please list any other medical precautions that the staff should be aware of to ensure your child's SAFE participation in activities (attach additional pages if necessary):

\_\_\_\_\_

<u>Physical Profile:</u>	YES	NO	If yes, please explain in the area provided below			
Uses wheelchair			Please circle one in regards to wheelchair use: Manual                      Electric			
Can transfer from wc/to chair						
Uses prostheses			Type:			
Has good strength/endurance						
Walks with assistive devices			Type:			
Vision			Please circle one in regards to vision: Excellent      Good      Fair      Poor			
Gross motor skills			Please circle one in regards to gross motor skills: Excellent      Good      Fair      Poor			
Fine motor skills			Please circle one in regards to fine motor skills: Excellent      Good      Fair      Poor			

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Hearing			Please circle one in regards to hearing: Partial                      Complete  Which Side: Right                      Left                      Both
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Please explain any of the above situations further:

\_\_\_\_\_

Can your child participate in a physical fitness program: Yes\_\_\_ No\_\_\_

Does your child currently participate in a regular fitness or sports program: Yes\_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

<u>Personal Needs:</u>	YES	NO	Please explain in the area provided below
Can wash face and hands independently			
Uses the toilet independently			If no, please circle one in regards to toileting: Uses Diapers                      Uses Pull Ups Assistance Transferring      Minimal Assistance Verbal Prompts                      Needs Supervision
Can communicate need to use restroom			
Is on a toileting schedule			If yes, time schedule increments:
Swallows liquid and food independently			
Is able to feed self independently			If no, please any supports/assistance needed:

Please explain any of the above situations further:

\_\_\_\_\_

\_\_\_\_\_

<u>Communication</u>	YES	NO	If yes, please explain in the area provided below
Understands spoken directions			Please circle one in regards to understanding directions: 1-step      2-step      3-step      multiple-step
Talks and is clearly understood			
Can communicate needs and feelings			
Uses sign language			Please circle one in regards to sign language: ASL                      Other _____
Uses a communication device			Type:

What are additional strategies to use in communicating with your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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<u>Social and Emotional Skills</u>	ALWAYS	SOMETIMES	NEVER	Please explain further
Socialized appropriately w/peers				
Follows directions				
Outgoing/talkative				
Uses appropriate touch				
Faces situations with no fear				
Needs assistance to control anger				
Displays aggressive behavior (i.e. biting, yelling, hitting)				

**Management of Behavior:**

Behaviors your child routinely/frequently displays: \_\_\_\_\_

How do you redirect or assist your child with managing this behavior? \_\_\_\_\_

\_\_\_\_\_ What do you do to reinforce positive behavior (i.e. stickers, high fives, points)? \_\_\_\_\_

**\*\*Is the child on a specific behavior management plan at school or home? \_\_\_ Yes \_\_\_ No (if yes, please provide a copy of the plan)\*\***

<u>Leisure Participation:</u>	YES	NO	If needed, please explain further in the space provided
Can stay w/group w/minimal prompting (i.e. <b>does not</b> wander/run)			
Can manage behaviors when frustrated (i.e. <b>does not</b> becoming physically aggressive)			
Can participate in a majority of activities presented with minimal prompting			

**Individual's Strengths:** (Please list what you consider to be your child's strengths)

<u>Activity Interests:</u>	YES	NO		YES	NO		YES	NO
Group Games			Arts and crafts			Reading/ Stories		
Team Sports			Music			Sensory		
Dancing/Movement			Fitness/Gym			Cooking		



Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations call 703-324-4600, VA Relay 711. Please allow ten working days in advance of the event in order to make the necessary arrangements.