

PROFESSIONAL INFORMATION SHARING FORM
Fairfax County Department of Neighborhood and Community Services
Therapeutic Recreation Services
12011 Government Center Parkway, 10th Floor, Fairfax, Virginia 22035-1115
703-324-5532 Fax 703-222-9788 TTY 711
www.fairfaxcounty.gov/ncs

ATTENTION PARENTS: Please complete the spaces in **box (A) only** and return this form with the completed registration packet to Therapeutic Recreation Services.

A. (Name of applicant): _____	
The consumer listed above has enrolled in a Neighborhood and Community Services (NCS) or Park Authority (PA) program. NCS has received written/verbal consent from the parents/guardian to contact you for information that may assist us in providing services for the consumer. All information will be treated as confidential and used only in the administration of services.	
School: _____	Name of Professional _____
Date _____	Phone# _____

For School Use Only

Dear Professional: Please check the statement(s) in section (B) that **best** describes characteristics of the above participant. Attach any additional information you feel would be helpful. Please keep in mind that Therapeutic Recreation strives to meet individual participant needs, while still maintaining a 1:4 staff to participant ratio. Would you be available by phone if TRS needs assistance in the summer? Yes, No

B. Is the participant currently on a behavior plan? ___ Yes (if yes, please attach a copy) ___ No

1. General Considerations

Are there personal space/boundary issues that staff should know about? Yes, No If yes, please explain... _____

2. What tone of voice or form of communication works best in getting the individual to respond? _____

3. Which best describes the individual's participation style:

- | | |
|---|---|
| ___ Independently engages in activity/tasks | ___ Prefers to observe, stay on periphery |
| ___ Engages with minimal prompting | ___ Very hesitant with new activities/tasks |
| ___ Participates with constant prompting | ___ Participates best when offered choices |
| ___ Very difficult to engage in activities | ___ Other: _____ |

Comments: _____

4. What types of recreation activities does the individual enjoy?

- | | |
|---------|---------|
| 1 _____ | 3 _____ |
| 2 _____ | 4 _____ |

Comments: _____

5. Environmental Concerns:

- | | |
|--|---|
| ___ Has difficulty with external stimuli | ___ Has difficulty with community outings |
| ___ Has difficulty with large group activities | ___ Has difficulty with changing environments |
| ___ Has difficulty in large spaces (gym, outdoors) | ___ Has difficulty with lack of structure |

Comments: _____

(see other side)

6. What is the best way to communicate with the individual?

- verbal
- verbal, 1-2 step directions
- picture cues
- sign language
- personal communication device
- Other: _____

- choice board
- personal schedule
- written
- social stories
- asking yes/no questions

Comments: _____

7. What rewards/incentives reinforce or encourage positive behavior from the individual?

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

Comments: _____

8. What are behaviors of concern that have been exhibited by this individual?

(please rank by how likely it is to occur 1-frequently 3-sometimes 5-never)

- | | |
|---|---|
| <input type="checkbox"/> Kicking | <input type="checkbox"/> Refusal to participate |
| <input type="checkbox"/> Hitting | <input type="checkbox"/> Ignoring adults |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Tantruming |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Screaming |
| <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Verbal aggression (threats to peers or adults) | <input type="checkbox"/> Inappropriate comments |
| <input type="checkbox"/> Running/Wandering (leaving the room) | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Inappropriate touching | <input type="checkbox"/> Self injurious behaviors (biting/hitting self) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Comments: _____

9. What conditions are most likely to trigger the behavior(s)?

- | | |
|---|---|
| <input type="checkbox"/> Transitions | <input type="checkbox"/> Boredom |
| <input type="checkbox"/> Task demands | <input type="checkbox"/> Over-stimulated |
| <input type="checkbox"/> Schedule changes | <input type="checkbox"/> Lack of interest in activity |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Difficulty communicating needs |

Comments: _____

10. What techniques/strategies work best to discourage or redirect inappropriate behavior?

(if you have a formal plan, please attach)

- _____
- _____
- _____

11. What are the top two strategies you use to set the participant up for success?

- 1 _____
- 2 _____

12. What do you consider to be the child's strength?

- 1 _____
- 2 _____
- 3 _____

If you have additional information that would be helpful please call. Thank you for your assistance!

Program Manager: _____ Phone: 703 324-_____ Fax: 703 222-9788