

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, TTY 711 Fax 703-222-9788
 www.fairfaxcounty.gov/ncs

ATTENTION PARENTS: Please complete **SECTION (A) ONLY** and return this form with the completed registration packet to Therapeutic Recreation Services. TRS will contact school for completion of SECTION (B) which will gather information that may assist us in providing services for your child. All information will be treated as confidential and used only in the administration of services.

SECTION (A)

Participant Name _____

I understand and give consent for Neighborhood and Community Services (NCS) to contact the school and professional listed below. Yes No

School: _____ **Name of Professional** _____

Phone _____ **Parent Signature** _____

For School Use Only

Dear Professional: 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. 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.

SECTION (B)

Is the participant currently on a behavior plan? Yes No ***If yes, please attach a copy**

1. General Considerations

Are there personal space/boundary issues that staff should know about?

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:

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

Comments: _____

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

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

Comments: _____

5. Environmental Concerns:

- | | |
|---|--|
| <input type="checkbox"/> Has difficulty with external stimuli | <input type="checkbox"/> Has difficulty with community outings |
| <input type="checkbox"/> Has difficulty with large group activities | <input type="checkbox"/> Has difficulty with changing environments |
| <input type="checkbox"/> Has difficulty in large spaces (gym, outdoors) | <input type="checkbox"/> Has difficulty with lack of structure |

Comments: _____

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(to be filled out by school professional)

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

- | | |
|--|--|
| <input type="checkbox"/> verbal | <input type="checkbox"/> choice board |
| <input type="checkbox"/> verbal, 1-2 step directions | <input type="checkbox"/> personal schedule |
| <input type="checkbox"/> picture cues | <input type="checkbox"/> written |
| <input type="checkbox"/> sign language | <input type="checkbox"/> social stories |
| <input type="checkbox"/> personal communication device | <input type="checkbox"/> asking yes/no questions |
| Other: _____ | |

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) |
| Other: _____ | 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"/> Difficulty communicating needs | Other: _____ |

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 _____

Would you be available by phone if TRS needs assistance in the summer? Yes No

School Professional, thank you for completing the form. Please return it via fax or County courier to:
Therapeutic Recreation Services Attn: (PM Name): _____ Fax: 703 222-9788