

Customer Profile: Inclusion

Please return survey to Gary Logue by:

Fax - 703-324-3976

E-mail - gary.logue@fairfaxcounty.gov

Or mail -

FCPA

Park Services Division

12055 Government Center Parkway, Suite 425

Fairfax, VA 22035

Attn: GLogue

Date:

Name of customer:

Member number:

Male or female:

DOB:

Parent/guardian (if applicable):

E-mail address:

Home phone number:

Work phone number:

Cell phone number:

I prefer to be contacted during the day at:

Program title:

Program location:

Class/camp session start date/time:

Class/camp session end date:

What is the customer's diagnosis/presenting issue(s):

Primary (Check one)	Secondary (Check all that apply)	
<input type="checkbox"/>	<input type="checkbox"/>	Intellectual (Mental Retardation)
<input type="checkbox"/>	<input type="checkbox"/>	Allergies*
<input type="checkbox"/>	<input type="checkbox"/>	Asperger's Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Hyperactivity Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Autism
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy
<input type="checkbox"/>	<input type="checkbox"/>	Emotional
<input type="checkbox"/>	<input type="checkbox"/>	Hearing*
<input type="checkbox"/>	<input type="checkbox"/>	Learning
<input type="checkbox"/>	<input type="checkbox"/>	Medical Procedure*
<input type="checkbox"/>	<input type="checkbox"/>	Physical*
<input type="checkbox"/>	<input type="checkbox"/>	Seizure*
<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	<input type="checkbox"/>	Visual*
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):

- Responses: Please provide further explanation:

What is the overall degree of the primary disability?

What are your primary goals for enrolling in the program? Please rate: 1, 2, 3 etc.

Rating	Goal
	Recreation participation (exposure to a variety of activities)
	Recreation activity skill enhancement
	Opportunities to experience fun in play
	Socialization (interaction/develop friendship with peers)
	Physical fitness/wellness
	Improve group participation skills
	Other (please specify):

Interaction skills

Please rate on a 1 to 5 scale with 5 being strongly agree and 1 being strongly disagree.

Comprehends and learns through verbal directions	
Consistently requires visual aids and modeling to participate in activities	
Speaks and is clearly understood	
Speaks but is not clearly understood	
Uses Sign Language Type of Sign Language used:	
Initiates conversation and/or seeks contact with peers	
Interacts/plays with peers without disabilities	
Can manage his/her anger when upset	
Communicates personal needs	
Cooperates w/staff and peers; shares	
Stays with assigned group with minimal supervision	
Becomes frustrated during recreation activities	
Avoids or is hesitant about decision making	
Maintains personal space	
Requires redirecting and prompting to attend to tasks	
Can stay on task for _____ minutes	

What strategies/techniques are used at home/school/work to promote positive behavior and/or discourage or redirect inappropriate behavior? Does the customer use a specific behavior plan?

(If so, please provide a copy of the plan)

Has the customer ever participated in a program for this activity before?

If yes, please indicate the type/level of program:

Customer's strengths are:

1.

2.

Topics of personal interest to the customer:

1.

2.

Important: May we have your permission to send out Professional Information Sharing Form to the customer's teacher/case manager? This information is used to develop the written accommodation plan in conjunction with the pre-inclusion customer profile. The information is confidential and used only in the provision of services.

Date:

Teacher/case manager:

Name:

School/Agency:

E-mail:

Fax number:

Please note: Information provided on these forms is confidential and will be used only by administrators and volunteers working with the customer.

Code of Conduct

All customers enrolled in Fairfax County Park Authority programs must meet the *code of conduct*: Generally speaking, unless otherwise stated, consumers must be able to demonstrate the following with minimal redirection:

- Must be able to maintain personal care without support of FCPS staff or volunteers
- Stay with his/her assigned group
- Respect others (listening & following directions; using appropriate language; keeping hands and feet to self)
- Maintain self control (anger management)
- Meet the prerequisite skills for the class or program (if required for participation)

Is the customer able to follow the Code of Conduct with minimal redirection?

Under the ADA (Americans with Disabilities Act) you are entitled to reasonable accommodations as a customer with a disability. What specific ADA accommodations are you requesting? (Examples: written schedule, specific behavior plan, alternative formats, adaptation or modification to instruction or equipment, etc.)

If enrolled in a summer camp, will the customer need medication dispensing, g-tube feedings, or any other medical procedure during program hours?

If yes, please explain: