Pre-Inclusion Customer Survey

Demographic Data

Date: _____ Daytime contact #: _____

Name of Child: _____ Name of Parent/Guardian: _____

DOB: _____ Grade as of this September: _____

Camp Location(s): _____Weeks:_____
_____ _____

Class Name & Location _____# of weeks: _____
Start Date: _____Time:_____

What is your child's diagnosis/presenting issue(s):

Primary (Check one)	**Secondary** (Check all that apply)	
_____	_____	1. Mental Retardation
_____	_____	2. Autism
_____	_____	3. Cerebral Palsy
_____	_____	4. Other Physical Disability:_____
_____	_____	5. Attention Deficit Disorder
_____	_____	6. Learning Disability
_____	_____	7. Behavior Disorder
_____	_____	8. Visual Impairment
_____	_____	9. Hearing Impairment
_____	_____	10. Asperger's Syndrome
_____	_____	11. Emotional Disability
_____	_____	12. Traumatic Brain Injury
_____	_____	13. Medical Procedure
_____	_____	14. 0ther:_____

What is the overall degree of the primary disability? Circle one.

1. Mild 2. Moderate

What is your primary goal for enrolling your child in the program?

____ recreation participation (exposure to a variety of activities)

____ socialization (interaction with non-disabled peers, develop friendships)

____opportunity to experience fun in play

____physical fitness/wellness

____recreation activity skill enhancement

____ other:_____

	Always	**Sometimes**	**Seldom**	**Never**	**NA**
A. My child plays with peers without disabilities.	1	2	3	4	5
B. My child can initiate conversation with peers.	1	2	3	4	5
C. My child participates in a variety of recreation activities.	1	2	3	4	5
D. My child can complete a task that lasts 20 minutes.	1	2	3	4	5
E. My child can communicate his needs.	1	2	3	4	5
F. My child gets easily frustrated during recreation activities.	1	2	3	4	5
G. My child can consistently make choices.	1	2	3	4	5
H. When upset, my child can manage his/her anger.	1	2	3	4	5
I. My child consistently requires visual aids to participate in an activity.	1	2	3	4	5
J. My child cooperates with others; shares supplies.	1	2	3	4	5
K. My child makes positive statements about himself/herself.	1	2	3	4	5
L. My child can stay with his/her assigned group with minimal supervision.	1	2	3	4	5

What strategies/techniques are used at home or school to discourage inappropriate behavior and promote positive behaviors:

_____

_____

_____

_____

_____

What specific accommodations are you requesting for your child?

_____

_____

_____

_____

_____

My child's strengths are:

1)_____

2)_____

3)_____

Important: May we have your permission to send our Professional Information Sharing Form to your child's teacher? This information is used to develop the written accommodation plan in conjunction with the pre-inclusion survey. The information is confidential and used only in the administration of services.

Yes____ No____ Signature:_____ Date:_____

Teacher:_____School:_____ Fax:_____

Return To: FCPA- Park Services Division
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Fairfax, VA 22035-1118
Attn: G Logue
Fax: 703-324-3976