

Inclusion Participant Profile

Personal information on this form is collected to help BGC Durham implement strategies and assist the family in applying for additional supports to promote success within our recreation programs. Please complete this form and submit it to **info@bgcdurham.com**, your form will then be directed towards the appropriate program coordinator or director.

Participant

Last Name:

First Name:

Age:

Date of Birth:
(dd/mm/yy)

Communication

Participant understands:

- Most
- Some
- Minimal things that they hear within their environment

Participant can follow:

- One step instructions
- Two-three step instructions
- Multiple step instructions

Participant communicates with the use of:
(check all that apply and include any additional notes)

- Augmentative or Alternative Communication _____
- Gestures i.e. Pointing or Hand Leading _____
- Pictures i.e. Communication Board or Book _____
- Sign Language _____
- Singing _____
- Sounds _____
- Words _____
- Other _____

Participant initiates communication with others? Yes No

Participant reciprocates communication with others? Yes No

What languages does the participant speak and/or understand?

Health

What diagnosis(es) or pending diagnosis(es) does the participant have? (optional)

Is the participant taking any daily medication (prescription or non-prescription) that they will need to take during the recreation program/camp? Yes No

*Please note that BGC Durham staff will not administer medications and a plan will have to be arranged to ensure the participant receives their medication

Does the participant have seizures? Yes No
If yes, are they controlled by a preventative medication? Yes No
When was their last seizure?

Does the participant have a visual impairment? Yes No
If yes, please describe:

Does the participant have a hearing impairment? Yes No
If yes, please describe:

Please describe anything else of relevance to ensure the health and safety of the participant:

Activities of Daily Living

Changing and Dressing:

- Independent
- Independent with verbal prompts
- Independent with physical prompts
- Requires some support
- Requires full support

Eating and Drinking:

- Independent
- Independent with verbal prompts
- Independent with physical prompts
- Requires some support
- Requires full support

Does the participant use any adaptive equipment to increase independence? Yes No

Mobility and Transfers:

Walks independently with ease Yes No

Walks independently with minimal support from a caregiver? Yes No

Is the participant's balance affected in the water? Yes No

Uses stairs:

- Independently
- With support

Walks with use of:

- Forearm crutches
- Gait trainer
- Walker
- Other

Participant can walk for:

- Short period of time
- Medium period of time
- Long durations before tiring

Is the participant at an increased risk for falls? Yes No

Does the participant engage in other means of independent mobility, such as crawling, cruising, or scooting on their bum? Yes No

Does the participant use a wheelchair? Yes No

If yes,

Will they use their wheelchair for:

- The full duration of the program
- Portions of the program as needed

Do they use a:

- Manual wheelchair
- Power wheelchair

Does the participant require assistance with propelling or the use of attendant controls? Yes No

Toileting and Continence:

- Independent
- Independent with verbal prompts
- Independent with physical prompts
- Requires some support
- Requires full support

Does the participant wear diapers or incontinence products? Yes No

Recreation Participation:

Does the participant have previous experience in community based recreation programs? Yes No

If yes, please list the program(s) and provide a brief summary of participation:

Does the participant participate in extra-curricular programs at school? Yes No

If yes, please list the program(s) and provide a brief summary of participation:

Does the participant have experience in recreation or therapeutic programs with community organizations (i.e. The Abilities Centre, Grandview Kids, Lakeridge Community Supports, Kerry's Place, etc.)? Yes No

If yes, please list the program(s) and provide a brief summary of participation:

Participant Participation:

To promote participation are there any adaptations or modifications to consider with regards to the:

- Physical Environment _____
- Programming/Program Delivery _____
- Room Set-Up _____
- Supplies/Tools _____
- Tasks _____
- Other _____

When introduced to a new activity, the participant is typically:

- Enthusiastic and excited
- Indifferent
- Hesitant
- Nervous
- Opposed

If needed, the best way to promote participation is to:

- Encourage them
- Model the activity parallel to them
- Provide 1:1 support
- Let them join when they are comfortable
- Other, please describe:

Self-Regulation and Behaviour Management

BGC Durham is committed to taking a proactive approach to self-regulation and behaviour management to promote successful engagement and participation in our recreation programs. We appreciate your honesty regarding this and are open to considering strategies that are being used in other setting that may be transferable.

Self-Regulation:

Participant uses self-regulation strategies/tools such as:

- Breathing techniques
- Fidget items
- Five point scale
- Movement breaks
- Positive reinforcement
- Zones of regulation
- Other, please describe:

Sensory Considerations:

Please describe sensory considerations and accommodations to promote self-regulation:

Sense	Describe the Sensitivity	Accommodations/Strategies
Hearing		
Sight		
Smell		
Taste		
Touch		

While in attendance at recreation programs/camp the participant may engage in:

Behaviour	Description	Triggers/Suggested Strategies
<input type="checkbox"/> Aggressive behaviours towards others (i.e. biting, hitting, kicking, pulling hair, other)		
<input type="checkbox"/> Self-injurious behaviours		
<input type="checkbox"/> Self-soothing/stimulating behaviours		
<input type="checkbox"/> Chewing on/putting non-edible items in mouth		
<input type="checkbox"/> Entering the personal space of others (no intent to harm) and touching them		
<input type="checkbox"/> Exit seeking		
<input type="checkbox"/> Hiding		
<input type="checkbox"/> Removing their clothes		
<input type="checkbox"/> Running away		
<input type="checkbox"/> Screaming and/or yelling		
<input type="checkbox"/> Spitting		
<input type="checkbox"/> Swearing and/or name calling		
<input type="checkbox"/> Taking food from others		
<input type="checkbox"/> Tantrums		
<input type="checkbox"/> Throwing items and/or flipping tables		
<input type="checkbox"/> Touching others inappropriately		
<input type="checkbox"/> Wandering		
<input type="checkbox"/> Other		

School:

At school the participant is in a:

- Traditional class
- Traditional class with 1:1
- Traditional class with shared support
- Specialized class

Is there a safety plan in place? Yes No

AQUATICS

Please fill out this section if the participant will be attending swimming lessons and/or camp. If the participant will not be attending swimming lessons/camp, please proceed to CONTACTS AND CONSENTS section on page 10.

The goals for participation in swimming lessons are:

- Increased comfort in the water
- Level completion
- Water safety
- Other, please describe:

Previous Experiences:

Has the participant participated in swimming lessons before? Yes No

If yes, please answer the following:

When:

Where:

Level:

Type of swimming lessons:

- Group
- Private
- Group with 1:1
- Semi-private

Within swimming lessons I believe the participant will benefit from:

- Minimum support in the water
- Medium support in the water
- Full support in the water

Please describe and list suggestions (i.e. redirection, modelling, physical support, etc.):

Water Comfort:

The participant's comfort level in the water is:

- Loves the water
- Likes the water
- Does not like the water
- Fears the water

The participant puts their face in the water:

- Independently
- With encouragement
- It is not safe for the participant to put their face in the water, please explain:
- With hesitation
- Not at all

The participant submerges fully:

- Independently
- With encouragement
- It is not safe for the participant to submerge fully, please explain:
- With hesitation
- Not at all

Transitions

Transition into the Pool:

- Benefits from assistance to transition into the pool physically (balance support and/or physical transfer)
- May cry when transitioning from caregiver to the swimming instructor
- Transitions into the pool calmly while listening to the swimming instructor
- Benefits from reminders to enter the pool in a safe manner
- Benefits from minimal/some encouragement to enter the pool
- Benefits from firm encouragement to enter the pool

Transition Out of the Pool:

- Benefits from assistance to transition out of the pool physically (Balance support and/or physical transfer)
- Transitions out of the pool calmly while listening to the swimming instructor
- Benefits from transition warnings that it will be time to get out of the pool soon
- Benefits from having the caregiver waiting for them where they will exit from the pool
- May engage in challenging behaviours when it is time to get out of the pool, if so, please describe:

Pool Behaviours:

While in the pool the participant may engage in:

- Excessive splashing
- Drinking pool water
- Spitting/spouting pool water
- Going underwater to avoid instructions
- Preoccupation with pool toys or preferred areas of the pool, such as the slide
- Wanting to be held by swimming instructor
- Exit seeking the pool
- Always headed for deep water
- Attempting to get out of the pool repetitively so they can jump back in
- Other, please describe

While in the pool the participant will wear:

- Cochlear implants (protected)
- Ear plugs/swimming band
- Goggles
- Little swimmer/swimming diaper
- Prescription swimming glasses/goggles
- Swim cap
- Other, please describe:

Other:

Has the participant attempted a swim test with BGC Durham before? Yes No

Has the participant successfully completed a swim test with BGC Durham before? Yes No

If the participant was required to wear a life jacket during swimming at camp, how would they feel?

Please describe anything else of relevance to ensure the health and safety of the participant and promote success within the pool:

CONTACTS AND CONSENTS

Contact Information

First & Last Name of Parent/Guardian: _____

Relationship to Participant: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Do you have an existing support worker (over the age of 16) who will be accompanying the participant to the recreation programs/camp? Yes No

If yes, please also complete an [Outside Support Worker Release Form](#).

- For the purpose of enhancing the participant's ability to engage in and be successful in BGC Durham recreation programs, I give consent to BGC Durham to share the information provided in this "Inclusion Participant Profile" for the purposes of obtaining additional supports.

- I certify that the information contained in this document is truthful to the best of my knowledge.

Signature

Date (dd/mm/yy)