

Signature of Parent or Guardian: Permission for completion of form.

TEACHER INPUT FOR RECREATION INCLUSION

This form has been created so that the needs of your student can be met more effectively during recreation programs. If you have any questions about this form or the recreation programs please call Rick Weber, Division Head, Program & Community Services at 410-479-8120.

This information is confidential and will only be shared with recreation staff. Return to CCRP or phone us for pick-up.

Date: _____ Teacher Name: _____

Teacher daytime phone: _____ Evening phone: _____

Student's Name: _____ Age: _____

1. Student's Disability: *Please identify the program participant's disabilities in priority order. Note all that apply.*

	Autism		Mental Retardation
	Behavior Problems		Multiple Sclerosis
	Blindness/Severe Visual Impairment		Muscular Dystrophy
	Cerebral Palsy		Orthopedic Impairment
	Cystic Fibrosis		Specific Learning Disability
	Deafness Severe		Speech/Language Impairment
	Hearing Impairment		Spina Bifida
	Epilepsy/Seizure Disorder		Spinal Cord Injury
	Head Injury		Other Neurological Impairment
	Mental Disorder		Other:

2. Please rate the student's achievement in the following areas using the scale below. Please provide any details on the rating that would be helpful to the recreation programming staff in order to ensure a successful, rewarding experience for the student.

1=with no assistance; 2=some verbal skills; 3=non-verbal skills; 4=requires physical assistance; 5=complete physical assistance needed

# Rating	Skill	Comments
	Able to wait turn without problem	
	Able to ask for help	
	Interaction within a group	
	Feels comfortable speaking in a group	
	Helps others with project or activity	
	Follows directions with ease	
	Able to make decisions on own	
	Able to complete project or activity	
	Knows what comes next on projects or	

Rating	Skill	Comments
	Overall motor coordination	
	Balance	
	Hand coordination	
	Leg and foot coordination	
	Able to express opinion in decision making	
	Speaks clearly	
	Speaks loudly	
	Looks directly at you when speaking	
	Dresses properly	
	Personal body care	

3. Check the behaviors that are a concern:

	Withdrawn/shy		Easily discouraged
	Hyperactive		Runs away
	Short attention span		Oppositional defiant
	Bites		Manipulative
	Physically harms others		Swipes
	Physically harms self		Strays from telling the truth
	Other:		

Describe the best way (s) to manage the behavior (s): _____

4. Does the student take medication during the school year? ___ No ___ Yes If yes, please describe: _____

5. Please provide any recommendations for the inclusion of this student into general recreation programs

(behavior management, carryover skills from IEP): _____

6. Program participant's daily living skills: (check appropriate box)

Task	Completely Independent	Needs Assistance	Completely Dependent
Eating			
Dressing			
Toileting			
Hygiene			