

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

**CASE WORKER INPUT FOR RECREATION INCLUSION**

This form has been created so that the needs of your consumer 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: \_\_\_\_\_ Case Worker's Name: \_\_\_\_\_

Case Worker's daytime 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:
Adaptive devices needed such as wheelchairs, etc.	

**2. Please rate the consumer'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 activities of interest	

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 hygiene	
	Eating habits	

**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	Withdrawn/shy		Easily discouraged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:		

Is a Behavior Plan in place?  No  Yes If yes, please explain or enclose a copy. \_\_\_\_\_

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			

**Please feel free to use this page and the back or attach other documents you deem necessary to give the participant a meaningful and fuller recreational experience. Thank you for your feedback.**