

Access Services Department

Vancouver Board of Parks and Recreation

Phone: 604-718-5853

access.services@vancouver.ca



PARTICIPANT PROFILE FORM FOR INTEGRATED / ADAPTED PROGRAMS

Day Camps → Champlain Heights Dunbar Hastings Hillcrest SU/RU Other

Swim Lessons → Hillcrest Pool Stan Stronge Pool Kensington Pool Templeton Pool

New Participant Returning Participant

Internal Use: Assessment Date

Section 1

Participant Information

Participant Name:

Age:

Date of Birth:

Care Card Number:

Parent(s)/Guardian(s):

Address:

Email:

Home Phone:

Cell Phone:

Work Phone:

School Attended:

Teacher Name / Phone Number:

Type of School Program:

- Integrated into General Education Class
 Specialized Education Classroom
 Home Schooled

School Support:

- Full time educational assistant
 Part time educational assistant
 No support from educational assistant

Section 2

Emergency/Additional Contact Information

Emergency Contact:

Relationship to Participant:

Home Phone:

Cell Phone:

Work Phone:

Physician Name:	Number/email:
Social Worker/Support Worker:	Number/email:
Additional Therapists(PT, OT, SSSW, Speech Path, Behavioural Consultant, BI, etc)	Number/email:
Additional Therapists(PT, OT, SSSW, Speech Path, Behavioural Consultant, BI, etc)	Number/email:

Section 3	Disability / Health Information
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Participant's disability / diagnosis:

Additional Medical Information:
 Seizures* Allergies* Asthma Diabetes Hearing Vision Other

***Specific Seizure Information:**

Type:

Frequency:

Date of last seizure:

Treatment/Care plan:

***Specific Allergy Information:**

Allergies to:

Severity:

Treatment/Care Plan:

Does the participant carry an EpiPen? Yes No

Does the participant carry a Twinject? Yes No

Additional Information regarding general health:

Will the participant require medication distribution during program hours? Yes No

****If yes, please request a medical distribution form – it must be filled out / signed**

Section 4	Communication
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What is the participant's primary means of communication?

Speech is clear Speech is unclear Written Gestures Sign language Picture Exchange

Alternative communication device Limited communication

Other:

Section 5	Activities of Daily Living
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	Independent	Needs some assistance	Needs full assistance	Comments:
Dress/undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6	Participant Behaviour
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Comment briefly on the participant's general behaviour and moods (ie. anxious, happy, excitable, shy, etc.)

Calm Happy Shy Anxious Unpredictable Easily frustrated Severe mood swings

Other Please describe:

Does the participant exhibit any of the following behaviours?

Behaviours:	Comments:
Bites	<input type="checkbox"/>
Easily discouraged	<input type="checkbox"/>
Easily distracted	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>
Hits/pushes/kicks peers	<input type="checkbox"/>
Hits/pushes/kicks adults	<input type="checkbox"/>
Physically harms self	<input type="checkbox"/>
Runs away/bolts	<input type="checkbox"/>
Shouts/screams	<input type="checkbox"/>

Is there a behaviour plan in place at home or school? Yes No

If yes, please attach a copy

Details:

What works well to motivate the participant?

Verbal Praise Rewards Reward Chart Quiet time Music High Fives

Other:

Does the participant have any strong fears/dislikes?

Crowds Loud Sounds Dogs Bugs Mascots Other

Please specify:

If you could create an environment that would almost guarantee that the participant would respond with problem behaviour, what would that environment look like?

Playland Swimming Pools Public Transit

Specific description of environment/situation:

Section 7

Safety

Please check all that apply:

Stops/responds to hearing their name	<input type="checkbox"/>	Can follow verbal directions	<input type="checkbox"/>
Communicates name and phone number	<input type="checkbox"/>	Recognizes danger (ie. Broken glass)	<input type="checkbox"/>
Responsible for own belongings	<input type="checkbox"/>	Has street safety skills	<input type="checkbox"/>

Section 8

Recreation

How much support does the participant likely require for the following:

	One to one Support	Minimal Support	No Support	Comments:
Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Group games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacting with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Which teaching/assistance methods are the most effective? (Check all that apply):

Pre-teaching Verbal Instructions Written/drawn instructions Demonstrations Peer Buddy

Physical assistance

Other:

Social skills/preferences: (Please check all that apply)

Does not interact well with peers <input type="checkbox"/>	Interacts with peers <input type="checkbox"/>	Interacts well with adults <input type="checkbox"/>
Does not interact well with adults <input type="checkbox"/>	Prefers to be alone <input type="checkbox"/>	Prefers small groups (less than 10) <input type="checkbox"/>
Prefers large groups (10 or more) <input type="checkbox"/>	Enjoys group outings <input type="checkbox"/>	Tolerates noise well <input type="checkbox"/>

Section 9

Water

Is the participant comfortable in water? Yes No

Participant is a:

Non-swimmer (shallow water only) Needs PFD

Beginning swimmer

Experienced swimmer (takes/has taken swim lessons*)

*What is the last level completed: _____

If you do not know what swimming level you are please go to your local pool and ask for an assessment to be done

Additional Comments:

All one to one support workers must be 19+years and have submitted a recent and successful police record check prior to attending camp; they must also be listed as a guardian on all camp forms.

Please mail the completed form to:

Access Services – 4575 Clancy Loranger Way – Vancouver, BC - V5Y 2M4

Phone Number: 604.718.5853

Or Email: access.services@vancouver.ca

Or drop it off at Hillcrest Recreation Centre
Attention: Access Services

