



# Application for Participation Special Population Recreation "The Rainbow Gang"

## Candidate Information:

Candidates Name:

Candidates Birthdate (mm/dd/yyyy)

Candidates Age:

Candidates diagnosis (if any)

Sex (circle one)

Male

Female

Decline to answer

Demographics:

Appalachian

Hispanic

Other:

Asian

White

Black

Native American

## Parent/Legal Guardian Information:

Name:

Name:

Phone:

Phone:

Home:

Home:

Cell:

Cell:

Work:

Work:

Address:

Address:

Email:

Email:

## In Case of an Emergency:

Name:

Name:

Relationship

Relationship

Phone:

Phone:

Home

Home

Work

Work

Cell

Cell

**I like to do: Check all that apply**

- |                   |                          |
|-------------------|--------------------------|
| Arts and Crafts   | <input type="checkbox"/> |
| Board/Card Games  | <input type="checkbox"/> |
| Cooking           | <input type="checkbox"/> |
| Dancing           | <input type="checkbox"/> |
| Fishing           | <input type="checkbox"/> |
| Group Activities  | <input type="checkbox"/> |
| Music             | <input type="checkbox"/> |
| Animals           | <input type="checkbox"/> |
| Sports            | <input type="checkbox"/> |
| Swimming          | <input type="checkbox"/> |
| Singing           | <input type="checkbox"/> |
| Outside Play time | <input type="checkbox"/> |
| Hiking            | <input type="checkbox"/> |
| Sensory Play      | <input type="checkbox"/> |

- |                  |                          |
|------------------|--------------------------|
| Video Games      | <input type="checkbox"/> |
| Drawing/Coloring | <input type="checkbox"/> |
| Animals          | <input type="checkbox"/> |
| Other:           | <input type="checkbox"/> |

Please List:

**I do NOT Like:**

Please check all that apply

- \_\_\_\_\_ Animals \_\_\_\_\_
- \_\_\_\_\_ Buses
- \_\_\_\_\_ Change in Schedule
- \_\_\_\_\_ Emergency Vehicles
- \_\_\_\_\_ Insects \_\_\_\_\_
- \_\_\_\_\_ Large Groups
- \_\_\_\_\_ Loud Noises
- \_\_\_\_\_ Nurses/Doctors
- \_\_\_\_\_ Showers
- \_\_\_\_\_ Storms
- \_\_\_\_\_ The Dark
- \_\_\_\_\_ Toileting
- \_\_\_\_\_ Water

**Swimming:**

Swimming Level—Please check one.

- \_\_\_\_\_ Non-swimmer/beginner
- \_\_\_\_\_ Intermediate
- \_\_\_\_\_ Advanced
- \_\_\_\_\_ Requires Lifejacket

Swimming Comments:

**I could become upset because:**

- |  |                           |
|--|---------------------------|
| _____ I am too hot or cold                                     | _____ I am in a crowd     |
| _____ I am not getting my way                                  | _____ I am ill            |
| _____ I am being told "NO"                                     | _____ I am asked to share |
| _____ I feel that I am in a "NOT FAIR" situation               | _____ I am hungry/thirsty |
| _____ I am being asked to wait                                 | _____ I am homesick       |
| _____ I am afraid  |                           |
| _____ I am being asked to take turns                           |                           |
| _____ I am trying to communicate and I am not being understood |                           |
| _____ There is a change in my schedule                         |                           |
| _____ Someone is bossing me around                             |                           |

Candidates Name: \_\_\_\_\_

**Sensory Sensitivities:** Please give brief description if any concerns

No concerns

Check Here if No Concerns

Visual (seeing):

Auditory (hearing):

Olfactory (smelling):

Tactile (touching):

Proprioceptive (movement):

What sensory situations upset him/her?

Assistive technology used:

**I Communicate Best:**

\_\_\_\_\_ Non Verbal

\_\_\_\_\_ Verbally

\_\_\_\_\_ Writing Notes

\_\_\_\_\_ Using sign language

\_\_\_\_\_ Using gestures/pointing

\_\_\_\_\_ Using simple words

\_\_\_\_\_ Using simple signs

\_\_\_\_\_ Using body language and facial expressions

\_\_\_\_\_ Using a PECS book\*

Will this be sent to RBG? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Using a communication device\*

Will this be sent to RBG? \_\_\_\_\_ yes \_\_\_\_\_ no

\*Anderson County Special Population Recreation staff and volunteers are not responsible for broken lost or stolen devices

**Expressive Language**

\_\_\_ Articulate

\_\_\_ Single Words

\_\_\_ Asks for help

\_\_\_ Problems Articulating

**Receptive Language**

\_\_\_ Comprehends

\_\_\_ Follows 3+ Step instructions

\_\_\_ Direct 1 step at a time

Candidates Name: \_\_\_\_\_

(Please remember the more information we have about candidates the better we can serve them.)

**My frustrations may appear by:**

No behavior concerns:

Never      Rarely      Some      Frequent      Daily  
(Yearly)   (Monthly)   (Weekly)

	Never	Rarely (Yearly)	Some (Monthly)	Frequent (Weekly)	Daily
Bad Language					
Biting Others					
Biting Self					
Crying					
Food Stealing					
Hair Pulling					
Hiding					
Hitting					
Homesickness					
Inappropriate Touch					
Kicking					
Refusing To Move					
Scratching					
Screaming					
Self-injurious Behavior					
Spitting					
Stealing					
Stemming					
Throwing Things					
Undressing					
Running Away					
Wandering					

In your observations, what is/are your candidates most challenging behavior(s)

I have received overnight medical care for psychiatric observation:

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, give dates and length of stay:

I may exhibit sexual behavior: \_\_\_\_\_ yes \_\_\_\_\_ no

Explain Specifically (towards others, self, etc.)

Candidates Name: \_\_\_\_\_

**You can help me by:**

Please check all that apply

- \_\_\_\_\_ Quiet Space
- \_\_\_\_\_ Offer me water
- \_\_\_\_\_ Offer me choices
- \_\_\_\_\_ Speak calmly and in a quiet voice
- \_\_\_\_\_ Use fewer words
- \_\_\_\_\_ Take a break inside
- \_\_\_\_\_ Use a picture prompt or schedule
- \_\_\_\_\_ Provide deep pressure
- \_\_\_\_\_ Provide sensory input (swings, jumping, running)
- \_\_\_\_\_ Talk to me about why I am upset
- \_\_\_\_\_ Use first/then statement

Comments or additional techniques used to help calm a frustration

**I may need help:**

**Dressing:**

\_\_\_\_\_ Independent \_\_\_\_\_ Verbal Direction \_\_\_\_\_ Physical Assistance \_\_\_\_\_ Total Assistance

Clarification of above needs

**Toileting:**

\_\_\_\_\_ Independent \_\_\_\_\_ Verbal Direction \_\_\_\_\_ Physical Assistance \_\_\_\_\_ Total Assistance

Clarification of above needs

**Mobility - Please check all that apply.**

- \_\_\_\_\_ Ambulatory
- \_\_\_\_\_ Ambulatory with assistance
  - \_\_\_\_\_ Staff assistance
  - \_\_\_\_\_ Cane/Walker/Crutches
  - \_\_\_\_\_ AFO (Type: \_\_\_\_\_)
- \_\_\_\_\_ Transfer Assistance
  - \_\_\_\_\_ Independent
  - \_\_\_\_\_ 1-person pivot
- \_\_\_\_\_ Uses Wheelchair
  - \_\_\_\_\_ Manual
  - \_\_\_\_\_ Power
  - Can propel self? Y/N
- \_\_\_\_\_ Fall Risk
- \_\_\_\_\_ 2-person
- Other \_\_\_\_\_

Clarification of above needs:

Candidates Name: \_\_\_\_\_

**ALL DIETARY INFORMATION MUST BE COMPLETED**  
**(Candidate will not be considered if this information is not complete.)**

**Eating:** \_\_\_\_\_ Independent \_\_\_\_\_ Verbal Direction \_\_\_\_\_ Assistance  
Calrification of needs:

**I require the following special dietary equipment:**  
**Please mark all that apply**

Equipment :	Clarification:
Adaptive Spoon	
Clothing Protector	
Divided Deep Dish	
Dycem	
Nosey Cup	
Plate Guard	
Sippy Cup	
Straw	
Other	

**I need FOOD prepared in the following way: PLEASE CHECK ONLY ONE**

Consistencies :	Clarification:
Chopped Meat (Meat Only)	
Chopped (Bite/Dime Size Pieces)	
Mechanical (Ground like crumbs)	
Mechanical/ Dental Soft (Ground Wet like Crumbs)	
Puree ( Pudding Consistency)	

**Please list any food allergies:**

Is candidate independent obtaining beverages? Yes \_\_\_\_\_ No \_\_\_\_\_  
Sugar allowed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are caffiene drinks allowed? Yes \_\_\_\_\_ No \_\_\_\_\_

Candidates Name: \_\_\_\_\_

**Social and Emotional Behaviors:**

Please check all that apply to candidate:

**General**

- Relatively free from signs of problems
- Interacts appropriately with caregivers
- Interacts appropriately with peers
- Interacts appropriately with animals

**Expresses Feelings**

- Verbally
- Non-Verbally
- Initiates Cooperative actions
- Usually even tempered
- Shows anger appropriately
- Doesn't interact even when encouraged
- Resists Cooperation
- Appears to have significant emotional problems

**Prefers the company of:**

- Males
- Females
- Peers
- Staff
- Aged older
- Aged younger

Candidates Name: \_\_\_\_\_

**Medical:**

Please list all NON FOOD ALLERGIES (Ex. Bees, Medications)

\_\_\_\_\_ I have an Epi-Pen

\_\_\_\_\_ I do NOT have an Epi-Pen

I take medication at lunch time

Yes

NO

Please list name/dosage

**Seizure History**

I have a history of seizures \_\_\_\_\_ yes \_\_\_\_\_ no

I have had a seizure within the last year \_\_\_\_\_ yes \_\_\_\_\_ no

Type of seizure \_\_\_ grand mal \_\_\_ petit mal \_\_\_ partial \_\_\_ complex partial

Protective Headgear \_\_\_\_\_ yes \_\_\_\_\_ no

Usual length of seizures

Triggers

My seizure looks like

**History:** Please check all that apply

<input type="checkbox"/>	Anemia	Hepatitis	<input type="checkbox"/>
<input type="checkbox"/>	Asthma	High Blood Pressure	<input type="checkbox"/>
<input type="checkbox"/>	Blood Clots	High Fever	<input type="checkbox"/>
<input type="checkbox"/>	Cancer	Hydrocephalus	<input type="checkbox"/>
<input type="checkbox"/>	Chronic Bronchitis	Immune Disorder	<input type="checkbox"/>
<input type="checkbox"/>	Diabetes	Liver Disorder	<input type="checkbox"/>
<input type="checkbox"/>	Encephalitis	Migraine Headaches	<input type="checkbox"/>
<input type="checkbox"/>	Gall Bladder Problems	Thyroid Disorder	<input type="checkbox"/>
<input type="checkbox"/>	Gastritis	Ulcers	<input type="checkbox"/>
<input type="checkbox"/>	Head Trauma/Injury	Valley Fever	<input type="checkbox"/>
<input type="checkbox"/>	Heart Disease/Murmur	None of the above	<input type="checkbox"/>

Please list any other information that you'd like for us to know: