



CITY OF BLOOMINGTON
Parks and Recreation

Inclusion Questionnaire

This form is intended to assist in identifying reasonable accommodations which may be beneficial for successful participation.

Program Ready:

In order to support the success and safety of individuals registered and participating in recreation programs, it is important that participants are indeed "program ready." To assist in determining if a person is "program ready," the following criteria have been developed:

- Participant is able to participate independently or with reasonable accommodations.
- Participant is age appropriate.
- Participants may be aged up or down by one grade level in some situations.
- Participant is able to take direction and instruction from a staff person.
- Participant is comfortable with, and able to interact in, a group environment.
- Participant interacts and participates in a manner that is physically and emotionally safe for themselves and others.
- Participant is able to participate in self-care (toileting, feeding etc.) independently or with minimal verbal prompting.

_____ Initial

To assist us in meeting your needs, we require that registration for each program and reasonable accommodation requests be made at least two weeks prior to the program registration deadline. In some cases reasonable accommodations may take longer. This assessment expires one year from date of the assessment or in the event of significant change. Termination of inclusive recreation services must be completed through the Inclusive Recreation Coordinator. At no time may a participant or parent/guardian terminate inclusive recreation services without consulting the Inclusive Recreation Coordinator. The information provided is to the best of my knowledge. I agree and sign voluntarily.

Signature (parent/guardian if participant is under 18 or under legal guardianship)

Date

Please complete as thoroughly as possible. Thank-you!

PARTICIPANT INFORMATION (to be completed by parent/guardian if participant is under 18)

Name _____ Date of Birth _____ Grade _____

Address _____ City _____ Zip _____ Phone _____

Parent/Guardian (if applicable) _____ Phone _____

Email _____

Recreation Interests

Please identify any interests the participant has:

Community <i>Examples:</i> traveling	Outdoors hiking, fishing	Physical ice skating, golf, tennis	Wellness tai chi, yoga, relaxation	Educational language, outdoors, financial	Hobbies cooking, music, dance, reading	Creative sewing, painting, stained glass

Feeding Skills

Does the participant eat and drink independently? YES NO If no, what type of assistance or adaptive equipment is needed? _____

Mobility Skills

Does participant walk independently? YES NO If no, please identify any mobility devices used or assistance needed: _____

Describe transfer techniques used: _____

If the participant uses a wheelchair, is a wheelchair lift required? YES NO Explain: _____

Restroom Skills

____ Wears Attends/Depend
____ Indicates need to use toilet
____ Uses toilet with physical assistance

____ Uses toilet independently
____ Washes hands independently

Concerns/Restrictions

Activity concerns or restrictions related to health/social issues: _____

Do you feel your child requires one to one supervision? YES NO
(Level of supervision will ultimately be determined by the Inclusive Recreation Coordinator.)

Additional Comments: (Please attach additional sheets if necessary)

Please return to Bloomington Parks and Recreation:

401 N. Morton, Ste 250
P.O. Box 848
Bloomington, IN 47402
Phone: 812-349-3747
Fax: 812-349-3785

