

Cincinnati Recreation Commission

Division of Therapeutic Recreation

Assessment and Accommodation

This form is to assist in identifying accommodations which may be necessary for successful participation. Please complete as thoroughly as possible. Thank you.

Part A ♦ Participation Information – to be completed by Participant/Parent/Guardian

Participant Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ County _____ Zip _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

Participant's School/Workshop/Employer _____ Teacher/Supervisor Name & Phone Number _____

I Disability Information as Diagnosed by a Physician

Place a check next to each that applies to the participant and/or write in any disabling condition not listed.

- | | | |
|--|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Psychiatric Disability | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Severe Mental Retardation | Type: _____ | |
| <input type="checkbox"/> Moderate Mental Retardation | <input type="checkbox"/> Speech Impaired | Other _____ |
| <input type="checkbox"/> Mild Mental Retardation | <input type="checkbox"/> Spina Bifida | _____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Head Injury | _____ |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Behavioral Disorder | _____ |

Who has made this diagnosis? _____

Does the participant walk independently? Yes _____ No _____

If no, please identify any mobility devices used or assistance needed (wheelchair, walker, etc.). _____

Does the participant have seizures? Yes _____ No _____ Date of last seizure: _____

If yes, please indicate type: _____

Medications taken (type, dosage, time, purpose): _____

Allergies (include food/medications/other), activity restrictions, special diets or other medical concerns: _____

II Skill Assessment

Please check each statement that applies to the participant. Use the comment section to identify additional skills needed and/or areas of difficulty.

Eating/Drinking

- Drinks from a cup
- Able to use straw to drink
- Able to grasp; use spoon
- Able to unwrap, open containers
- Able to open drink containers

Bathrooming (toileting, washing)

- Wears diaper (Attends/Depends)
- Indicates need to use toilet
- Uses toilet with physical assistance
- Uses toilet independently
- Washes hands independently

Comments/Areas of Difficulty: _____

Assessment and Accommodation Request

Communication (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Unable to communicate needs/wants | <input type="checkbox"/> Uses 1 or 2 word statements |
| <input type="checkbox"/> Communicates with gestures, signs or non-verbal behavior | <input type="checkbox"/> Uses a communication device to communicate |
| <input type="checkbox"/> Communicates using basic sign language | <input type="checkbox"/> Uses partial or complete spoken sentences |

Comments /Areas of Difficulty: _____

Receptive Language (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Recognizes own name when called | <input type="checkbox"/> Responds appropriately to 2 or 3 step directions |
| <input type="checkbox"/> Reacts or responds when spoken to | <input type="checkbox"/> Responds appropriately to directions when in a small group |
| <input type="checkbox"/> Responds appropriately to 1-step directions | <input type="checkbox"/> Responds appropriately to directions when in a larger group |

Comments/Areas of Difficulty: _____

Motor Coordination (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Able to catch a ball rolled | <input type="checkbox"/> Able to kick a rolling ball |
| <input type="checkbox"/> Able to catch a ball bounced | <input type="checkbox"/> Able to grasp small objects (beads, pencil, etc.) |
| <input type="checkbox"/> Able to catch a ball tossed from a short distance | <input type="checkbox"/> Able to grip/grasp larger objects (tennis ball, racquet, etc.) |
| <input type="checkbox"/> Able to kick a stationary ball | |

Comments/Areas of Difficulty: _____

Social/Behavioral (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Shows interest in others | <input type="checkbox"/> Will sit quietly to watch a program, show, movie, etc. |
| <input type="checkbox"/> Will play/interact cooperatively with others | <input type="checkbox"/> Can identify and take responsibility for personal belongings |
| <input type="checkbox"/> Is tolerant of others, not easily agitated or annoyed | <input type="checkbox"/> Will play/interact cooperatively within a group |
| <input type="checkbox"/> Is aware of safety concerns when out in the community (traffic, staying with group, etc.) | |

Comments/Areas of Difficulty: _____

Does your child swim independently? Yes _____ No _____

If no, please explain: _____

Please identify any activities, games, hobbies, etc. that the participant enjoys, is motivated by, or has expressed interest in:

Please explain any behavior management techniques used at home or school which eliminate or reduce negative behaviors:

Assessment and Accommodation Request

This portion of the Assessment and Accommodation needs to be completed if the participant is under 18 years of age.

Does your child have an aide/personal assistant at school? Yes _____ No _____

If so, how much time is the aide/personal assistant with your child? _____

Please describe your child's classroom? Special Ed _____ Typical _____ Both _____

How many students are in your child's classroom? What kind of structure is used in your child's classroom environment?

Will your child be attending camp Monday through Friday? Yes No

If not, what days will your child be attending camp? Monday Tuesday Wednesday Thursday Friday

What are the estimated times your child will be at camp (i.e. 9:00 a.m. to 5:00 p.m.) _____

Release of Information

I, _____ (Parent/Guardian, Care Provider) hereby give my permission for you to release the information requested below for my child. In addition, I give permission for the Cincinnati Recreation Commission to release specific information about my child to its employees who will develop and implement the inclusion support plan for my child. All information will be used to plan appropriate activities for my child.

Please initial all methods you give permission for release of information.

_____ IEP (Individual Education Plan) and MFE (Multi-Factored Evaluation)

_____ CITE

_____ Completion of Teacher Questionnaire

_____ Other Agencies

_____ Inclusion Specialist Observation

_____ Specific Name

_____ Teacher/Inclusion Specialist Phone Conversation

_____ Specific Name

Signature of Parent/Guardian _____ **Relationship** _____ **Date** _____

Multi-Media Release

I, undersigned, hereby authorize the Cincinnati Recreation Commission to utilize (including but not limited to) photographs, videotapes and/or voice recordings, etc. of the participant listed to be used exclusively for promotion, advertising, and/or marketing of the Cincinnati Recreation Commission and its programs, facilities and/or services. The images may be repeatedly used at any time and I will not seek recourse or payment for the use of the aforementioned materials from the Cincinnati Recreation Commission.

Signature of Participant/Parent/Guardian _____ **Date** _____

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Assessment and Accommodation

Part B ♦ Plan for Accommodation – to be completed by Inclusion Specialist

Name _____

Program / Year _____

Identify potential areas of concern relating to program activities, program environment, staffing and/or participant abilities:

Supports/accommodations recommended for successful participation – including: activities, interventions, skill training, adaptations, management strategies, communication techniques and resources needed. Include aspects of the program that could benefit the inclusion process:

I have reviewed the recommended support(s) / accommodation(s) and agree with the stated plan for inclusion:

_____ Participant/Parent/Guardian	_____ Date	_____ Center Staff/Director	_____ Date	_____ Inclusion Specialist	_____ Date
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I have reviewed the recommended support(s) / accommodation(s) and would like to request the following revision(s) / additions(s) to the plan for inclusion:

_____ Participant/Parent/Guardian	_____ Date	_____ Center Staff/Director	_____ Date	_____ Inclusion Specialist	_____ Date
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The Cincinnati Recreation Commission is committed to providing successful accommodations for persons with disabilities in accordance with the ADA. A person may be removed from a program who poses a “direct threat” to the health and safety of others that can not be eliminated by modifying policies, practices or procedures or by providing auxiliary aids or services.

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Part C ♦ Evaluation – to be completed by Inclusion Specialist

_____ Participant _____ Date _____ Inclusion Specialist

A. Overall Success of Accommodation

B. Areas of Consideration: Intake, Center Personnel, Facility Accessibility, Adaptive Equipment, Behavior Support Plan, Communication Skills, Swim Skills, Socialization Skills, Field Trips, etc.

