



Intake Information Form

The Halifax Regional Municipality recognizes that individuals may need supports to fully participate in a municipal recreation or leisure program.

To request inclusion support for a program or camp, please submit the completed intake form to the recreation program coordinator. To ensure that the necessary resources are available, please submit the form with at least two weeks' notice before a program start date.

Intake Completed by: _____

Season/Year Completed: _____

Program Name: _____

Section 1: Participant Information

Name/Pronouns:		
Age:	Gender:	
Has the participant been involved in municipal recreation programming before?	Yes	No
If yes, please specify program(s) and location(s):		

Section 2: Guardian Information (if participant is under age 18)

Guardian 1:	Guardian 2 (optional):
Relation to Participant:	Relation to Participant:
Phone:	Phone:
Email:	Email:

What are the participants strengths?

Describe interests, recreation activities, toys, etc. that the participant enjoys most.

What are some goals and expectations for the participant in this recreation program?

What is your participants experience and reaction around water? (Safety concerns- does not like water, bad experience, use of lifejackets etc.)

What are your participants experience on public transit? (Safety concerns, does not like public transit, bus vs. ferry etc.)

Describe how the participant communicates (verbally, sign language, PEC symbols, iPad, etc.):

Describe any supports the participant requires in school or the community (EPA, resource classroom, extra home care, etc.):

Does the participant use any assistive devices? (Wheelchair, braces, hearing aids, iPad etc.) Yes No

If yes, please explain:

Does the participant require assistance with any of the following? If so, please be specific as to what accommodations are required.

If the participant needs support in these areas, please describe and provide details how to support them:

Toileting

Eating

Dressing

Mobility

Please choose how you would describe the participant in the following statements.

Use the following code in making your choices.

Severe Concern: The participant shows a severe difficulty in this area compared to other people his/her age.

Minor Concern: The participant has some difficulty in this area compared to people his/her age.

No Concerns: The participant has no difficulty in this area (i.e. participant is average or better compared to other people their age).

Easily frustrated	
Hurts others when frustrated/angry	
Hurts self when frustrated/angry	
Verbal outbursts when frustrated	
Mood changes quickly and/or drastically	
Impulsive behavior	
Runs away/hides	
Participates in group/social activities	
Resists trying new things	
Short attention span	
Difficulty with transitions	
Sensory sensitivity (noise, texture, smell, etc.)	
Follows verbal instructions	
Sitting for tabletop activities	

Section 4: Medical Information

Please describe any relevant medical information (Diagnosis, medical conditions, etc.):

List any allergies and steps staff should follow if a reaction occurs:

Does the participant have seizures? Yes No

If yes, please describe what they look like, and steps staff should follow if one occurs:

Any other information that we should be aware of:

Section 5: School Information (if applicable)

School Name:	Grade:
Classroom Setting:	
General Education	Classroom
	Learning Center
	Combination

Reference/Name	Preferred Method of Contact
School/Daycare Teacher:	
Learning Center Teacher:	
Social Worker:	
Doctor/Therapist	
Other:	

Section 6: Consent

I _____ (Participant/Guardian) believe that the information provided in this document is accurate and true to the best of my knowledge. I consent to HRM staff and, if necessary, individuals under service contract with HRM using the information I have provided in this document to develop a support plan to assist me/my participant in participating in recreation programs. I also give permission for those authorized below to release information if requested by the Halifax Recreation's Inclusion Department Staff in order to develop a support plan to assist me/my participant in participating in recreation programs.

Participant/Guardian Signature: _____ Date: _____

Return Instructions

Print and fill out by hand OR fill out electronically and return before scheduled intake meeting.

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by HRM staff and, if necessary, individuals under service contract with HRM for purposes relating to the provision of inclusion support in municipal recreation or leisure programming. If you have any questions about the collection and use of this information, please contact HRM's Access and Privacy Office at 490-4390 or accessandprivacy@halifax.ca