



Recreation Programming | Inclusion Support Information Form

Date: _____		
Participant's Name: _____		
Parent/Guardian's Name: _____		
Address: _____		
Home: _____	Work: _____	Cell Phone: _____

Disability: _____
 Does the participant use any assistive devices (wheelchair, braces, etc.)? Yes _____ No _____
 Please explain: _____

Does the participant have seizures? Yes _____ No _____
 Type: Grand mal _____ Petit mal _____
 If a seizure occurs, what actions should be taken by staff? _____

What recreation and leisure activities does the participant enjoy? _____

Has the participant been involved in programs with Community Recreation Services before? Yes _____ No _____
 If yes, please specify program(s) and location(s): _____

Please provide information in each of the following areas to assist us in providing the best possible support:

Social skills: _____

Behaviour: _____

Communication: _____

Gross/fine motor skills: _____

Attention span: _____

Following directions: _____

Personal care: _____

Hearing: _____

Vision: _____

Sensory: _____

Safety: _____

Techniques/methods of managing the disability used at school/home: _____

"Bad Day" Solutions: _____

Information taken by: _____

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 recreation program administration. If you have any questions about the collection and use of this information, please contact HRM's Access and Privacy Office at 902-490-4390 or accessandprivacy@halifax.ca