Newmarket

TOWN OF NEWMARKET INCLUSION
ALL ABOUT ME PACKAGE

Date of Completion (mm/dd/yyyy): _____

Individual Information

First Name: _____ Last Name: _____

Other Names: _____ Date of Birth (yyyy/mm/dd): _____

Age of Referral: _____ Gender : ☐ Male ☐ Female ☐ Other: _____

Address: _____ Suite/Unit Number: _____

City/Town: _____ Province: _____ Postal Code: _____

Primary Telephone Number: _____ Email Address: _____

Primary Language Spoken at Home: _____

Consideration: ☐ Interpreter ☐ TTY ☐ Other: _____

Name of Individual who can Interpret (First, Last Name): _____

Telephone Number of Individual who can Interpret: _____

Parent/Legal Guardian 1 (Primary Contact)

Not Applicable ☐

First Name: _____ Last Name: _____

☐ (Check if same as above) Address: _____

Suite/Unit Number: _____ City/Town: _____ Province: _____

Postal Code: _____

Primary Telephone Number ☐ Home ☐ Mobile ☐ Work : _____

Alternate Telephone Number ☐ Home ☐ Mobile ☐ Work : _____

Best Method of Contact: ☐ Phone Call ☐ Text ☐ Email

Relationship to individual: ☐ Parent ☐ Legal Guardian (describe): _____

☐ Other: _____

Custody Arrangement (where applicable): ☐ Shared Custody ☐ Sole Custody

Individual lives with: ☐ Both Parents ☐ Parent 1/Legal Guardian

☐ Parent 2/Legal Guardian ☐ Other: _____

Parent/Legal Guardian 2

Not Applicable ☐

First Name: _____ Last Name: _____

☐ (Check if same as above) Address: _____

Suite/Unit Number: _____ City/Town: _____ Province: _____

Postal Code: _____

Primary Telephone Number ☐ Home ☐ Mobile ☐ Work : _____

Alternate Telephone Number ☐ Home ☐ Mobile ☐ Work : _____

Best Method of Contact: ☐ Phone Call ☐ Text ☐ Email

Emergency Contact Information

First Name: _____ Last Name: _____

Relation: _____

Primary Telephone Number ☐ Home ☐ Mobile ☐ Work : _____

Secondary Telephone Number ☐ Home ☐ Mobile ☐ Work : _____

Alternate Telephone Number ☐ Home ☐ Mobile ☐ Work : _____

Alternate Pick-Up

Please list anyone who may pick the participant other than caregivers listed above.
Photo ID will be required to pick up participant (including Caregivers).

Name:		Relation:	
Name:		Relation:	
Name:		Relation:	
Name:		Relation:	

Transportation Information

Arrival: _____ Departure: _____

☐ Participant travels independently

☐ Participant will travel with a family member/caregiver

☐ Participant will travel using YRT Mobility Plus

If required, YRT Mobility Plus ID Number & Password: _____

Medical Diagnosis and Information

Does the individual have a formal diagnosis? Please check all that apply. ☐ Yes ☐ No

☐ ADD ☐ ADHD ☐ Down Syndrome ☐ Developmental Delay ☐ Autism

Other: _____

If yes, describe and provide any other pertinent diagnostic information:

Does the participant take prescribed medication? ☐ Yes ☐ No

Please list medications:

Medication	Dosage	Frequency

Allergies (Participant is requested to wear a MedicAlert bracelet or necklace)

List life-threatening allergies:	☐ Bee stings ☐ Peanuts ☐ Other:	Does individual carry an Epi-pen? ☐ Yes ☐ No
List non-life-threatening allergies:		

Conditions (Please indicate if applicable)

☐ Cardiac ☐ Seizures ☐ Diabetes ☐ Asthma ☐ Other:	
Does participant carry an inhaler/ventilator? ☐ Yes ☐ No	Does the participant require medication to take during the program? ☐ Yes ☐ No
Does the participant have any health concerns or restrictions for participation in physical activities such as throwing/catching a ball, walking/running, jumping, swinging on a swing, climbing on a climbing apparatus, swimming, playing sports or active games, cardio activity, or fitness exercises? Please describe in detail below:	

Seizure Details

Has participant ever had a seizure? ☐ Yes ☐ No

What type of seizure(s)? _____

Describe warning signs: _____

Describe what a typical seizure looks like below:

Detailed seizure protocol (treatment/care/emergency plan):

Seizure Details (cont.)

Frequency of seizure(s) and duration: _____

Date of last seizure (yyyy-mm-dd): _____

I have attached a Protocol Instruction Document with specific details: ☐ Yes ☐ No

Is medication to be administered? ☐ Yes ☐ No

Current School/Day Program(s)

Not Applicable ☐

The individual is currently involved in the following day program(s) (check all that apply)

☐ Child Care ☐ Home Child Care ☐ Community/Agency Program

☐ School ☐ No Program/At Home

School/Program Name: _____ Address: _____

Telephone: _____Teachers Name: _____

Program Ratio: _____ Hours Attending: _____

Can we contact the teacher for additional resources or information? ☐ Yes ☐ No

If the individual is in school, please indicate:

☐ Full day - Integrated into General Education Class ☐ Specialized Education Classroom

☐ Modified day – Integrated into General Education Class ☐ Special Staffing related to School

What activities do they participate in?

How many students/participants are in the class/program: _____

How many staff and/or support are in the class/program

(i.e. Teacher, Child and Youth Worker, EA, ECE, etc.): _____

Current School/Day Program(s) (cont.)

Integrated into General Education Class	Specialized Education Classroom
☐ Educational Assistant assigned to the class ☐ Educational Assistant assigned to the participant ☐ No support from educational assistant	☐ Full time educational assistant for the class ☐ Part time educational assistant for the class ☐ No support from educational assistance for participant ☐ Personal Support Worker for the participant

What is the ratio in the classroom/day program?

☐ 1:10 ☐ 1:8 ☐ 1:5 ☐ 1:3 ☐ 1:2 ☐ 1:1

☐ Other: _____

Can you provide a current IEP (Independent Educational Plan? ☐ Yes ☐ No

Agencies/Professionals Involved

Please confirm agencies involved in support:

☐ York Support Services ☐ Kinark ☐ Children's treatment Network

☐ Blue Hills ☐ Kerry's Place Autism Services ☐ CMHA

☐ Autism Ontario ☐ CCAC ☐ Meta

☐ Safe Haven ☐ Respite Services York Region

☐ Other: _____

May we contact the above agencies? ☐ Yes ☐ No

Do you have a current caseworker we may contact if needed? ☐ Yes ☐ No

Case Worker Name: _____ Agency: _____

Phone Number: _____ Email: _____

Speech and Language

Not Applicable ☐

How does the individual communicate or receive communication:

Verbal	How Individual Communicates	How to Communicate with Individual
Single words	☐	☐
2-3 word combination	☐	☐
Long, complex sentences	☐	☐
Spontaneous communication	☐	☐
Asks questions	☐	☐
Echolalic	☐	☐
Perseverate	☐	☐
List any words that may have specific meaning (e.g. glumpy = blanket)		

Non-Verbal	Usually	Sometimes
Points, gestures, sounds	☐	☐
American Sign Language (ASL)	☐	☐
Written	☐	☐
Picture exchange	☐	☐
Leads adult/individual by hand	☐	☐
Alternative communication devices	☐	☐

How well can the individual be understood? Please provide comments if necessary:

How does the individual react when communication is not understood?

Does the individual follow directions/answer questions? ☐ Always ☐ Sometimes ☐ Never

Social

Not Applicable ☐

Social Skills

☐ Enjoys group outings
☐ Tolerates noise well
☐ Prefers small groups (less than 10)
☐ Prefers large groups (10 or more)
☐ Ability to function in small groups (less than 10)
☐ Ability to function in large groups (10 or more)
☐ Difficulty interacting with peers
☐ Difficulty interacting with adults

Prefers interaction with: ☐ Girl/Woman ☐ Boy/Man

Please provide comments if necessary:

Social (cont.)

	No Experience	Independent	Some Assistance	Full Assistance
Crafts	☐	☐	☐	☐
Active games	☐	☐	☐	☐
Passive games	☐	☐	☐	☐
Sports	☐	☐	☐	☐
Interact with peers	☐	☐	☐	☐
Unstructured play	☐	☐	☐	☐
Playground	☐	☐	☐	☐
Open spaces (i.e. parks)	☐	☐	☐	☐
Community outing	☐	☐	☐	☐
Water activities	☐	☐	☐	☐

Please provide comments if necessary.

Favourite quiet activities:	
Favourite theme or characters	
Favourite choices (music/songs, TV shows/characters/videos)	
Other hobbies/interests involved in	

Emotions, Focus and Behaviour Management

Not Applicable ☐

Emotions

Comment briefly on the individual's general behaviour and mood:

☐ Calm ☐ Happy ☐ Excitable ☐ Shy ☐ Anxious

☐ Mood Swings ☐ Easily Frustrated ☐ Other _____

Does the individual have strong fears/dislikes? (check all that apply)

☐ Crowds ☐ Loud sounds ☐ Animals ☐ Bugs ☐ Mascots/Costumes

☐ Weather (i.e. lightning, thunder) ☐ Water ☐ Other _____

Focus

Which instructional/assistance methods are the most effective? (check all that apply)

☐ Hand over hand ☐ Verbal Instructions ☐ Written/Drawn Instructions ☐ Demonstrations

☐ Peer Support ☐ Physical Prompts ☐ Other _____

What works well to motivate the individual? (check all that apply)

☐ Verbal Praise ☐ Quiet Time ☐ Music ☐ Reward Chart ☐ Rewards

☐ Non-Verbal Praise (e.g. Thumbs Up) ☐ Other _____

Please provide comments if necessary:

Behaviour Management

Check all behaviours exhibited and frequency	Less than once per month	Less the once per week	Less than once per day	More than once per day
☐ High Energy	☐	☐	☐	☐
☐ Low Energy	☐	☐	☐	☐

Continued on next page

Behaviour Management (cont.)

☐ Low Frustration Tolerance	☐	☐	☐	☐
☐ Wanders	☐	☐	☐	☐
☐ Runs Away and/or Bolts	☐	☐	☐	☐
☐ Hides	☐	☐	☐	☐
☐ Non Compliant	☐	☐	☐	☐
☐ Resistant to change	☐	☐	☐	☐
☐ Self Injurious	☐	☐	☐	☐
☐ Head Butting	☐	☐	☐	☐
☐ Head Banging	☐	☐	☐	☐
☐ Screams/Shouts	☐	☐	☐	☐
☐ Aggressive to Others	☐	☐	☐	☐
☐ Bites	☐	☐	☐	☐
☐ Scratches	☐	☐	☐	☐
☐ Push, Hit or Kick Adults	☐	☐	☐	☐
☐ Push, Kick or Hit Peers	☐	☐	☐	☐
☐ Destructive to own/ others property	☐	☐	☐	☐
☐ Self Stimulation	☐	☐	☐	☐
☐ Sexual inappropriateness	☐	☐	☐	☐
☐ Profane language	☐	☐	☐	☐
☐ Temper tantrums	☐	☐	☐	☐

Behaviour Management (cont.)

Please describe individual aggressive and self-injurious behaviours:

What kind of situations are triggers?

☐ Playgrounds/Parks ☐ Swimming Pools ☐ Public Transit/TTC Line/Buses

☐ Off-location Trips ☐ Frequent Transitions ☐ Out Trip to new environments

☐ Weather (e.g. Lightning, Thunder) ☐ Terrain Type (i.e. Grass, Mud)

☐ Noise, Crowds ☐ Multiple Programs Running in One Area (i.e. Several Camps in One Gym)

☐ Room Type _____ ☐ Denied a request

☐ Other _____

Please provide comments if necessary.

Does the individual have difficulty with transitions? ☐ Yes ☐ No

If yes, what strategies work best? (check all that apply)

☐ Countdowns ☐ Visual Aids ☐ Calendars ☐ Songs or Rhymes

☐ Fidget Toys ☐ First/Then ☐ Other _____

What has helped at home/school to assist the individual to calm down?

Safety

Not Applicable ☐

Please comment on the individual's safety behaviour: (check all that apply)

☐ Stops/responds to hearing their name ☐ Recognizes danger (i.e. broken glass)

☐ Can follow verbal directions ☐ Has street safety skills

☐ Communicates name and phone number ☐ Other _____

Are there any individual habits or concerns pertaining to safety that we should be aware of?

Does the individual have a safety plan (i.e. at school, home)? ☐ Yes ☐ No

Will you provide a copy of the safety plan? ☐ Yes ☐ No

Senses, Motor and Visual Skills

Not Applicable ☐

Sensory

☐ Seeks touch (e.g. hugs, tight spaces, pinches, hits, shows high tolerance for pain)

☐ Sensitive to light, sound, taste, smell (describe) ☐ Seeks messy material (e.g. glue, sand)

☐ Appears fearful of active games, slides, climbers ☐ Dislikes putting on/off shoes/socks/clothing

☐ Dislikes having feet off ground (e.g. slide, climber) ☐ Dislikes being touched

☐ Excessive mouthing of objects/fingers and /or eats non-edible items

☐ Avoids sitting for long periods (e.g. runs, rocks, spins, jumps)

☐ Other _____

Please provide comment if necessary:

Gross Motor

☐ Has good balance (e.g. does not trip, fall)

☐ Needs help with transitional movements or changing positions

☐ Walks on toes, heels or has awkward gait

☐ Avoids physical activity (e.g. floppy, tires easily)

Gross Motor (cont.)

☐ Delayed motor milestones (e.g. crawl, sit, stand, walk)

☐ Difficulty with developmental gross motor skills (e.g. kicking ball, climbing stairs, riding tricycle)

☐ Physically dependent for Gross motor movements ☐ Other _____

Please provide comment if necessary:

Fine Motor: How is the individual with the following skills

☐ Needs help with manipulative toys (e.g. beads, Lego)

☐ Needs help using both hands for 2-handed activities (e.g. using scissors, beading, colouring)

☐ Full support required for dine motor skills ☐ Needs help learning new fine motor skills

☐ Needs help with holding small objects ☐ Other _____

Please provide comment if necessary:

Oral Motor: Does the individual have challenges with the following (check all that apply)

☐ Swallowing ☐ Coughing/Choking ☐ Vomiting ☐ Gastrointestinal

Food Type: ☐ Solid ☐ Puree ☐ G-Tube

☐ Takes a long time to eat ☐ Difficulty drinking from a cup

☐ Certain textures (e.g. gags, spits out food)

☐ Had a formal feeding assessment (Where and when)

☐ Excessive drooling ☐ Difficulties with spoon feeding

☐ Avoids contact in/around the mouth (e.g. spoon) ☐ Other _____

Please provide comment if necessary:

Activities of Daily Living

	Independent	Some Assistance	Full Assistance
Mobility	☐	☐	☐
Feeding	☐	☐	☐
Dress/undress	☐	☐	☐
Toileting	☐	☐	☐

Is the individual toilet-trained? ☐ Yes ☐ No

Are there any special behaviours/routines/things we should know associated with toileting?

Please indicate if the individual is able to do the following actions: (check all that apply)

☐ Wash hands ☐ Wipe ☐ Use feminine product (if applicable)

Please provide comment if necessary:

Special Equipment

☐ Walker ☐ Stroller ☐ Wheelchair ☐ Ramp

☐ Hoyer Lift ☐ Ankle Foot Orthosis ☐ Portable Toilet ☐ Skate/Ski equipment

☐ Adult Change Table: ☐ Other _____

Please provide comment if necessary:

Aquatics

Not Applicable ☐

Aquatic Environment

Is individual comfortable in water? ☐ Yes ☐ No ☐ Never been in water

Is individual comfortable in a: ☐ Splash pad ☐ Wading pool ☐ Swimming pool

What swimming level is individual at: ☐ Non-swimmer ☐ Beginner swimmer

☐ Advanced swimmer (deep end)

How does the individual respond to touch in water? ☐ Positive ☐ Negative

Does the individual have breath control (e.g. blow bubbles, head in water)?

☐ Yes ☐ No ☐ Unsure

Does the individual require a Personal Flotation Device (PFD)? (e.g. noodles, life jacket)

☐ Yes ☐ No ☐ Unsure

If yes, please provide comments:

If an experienced swimmer, can the individual do a Deep-end Test? ☐ Yes ☐ No

If the individual is taking or has taken swim lessons, what is the last level completed:

_____

How does individual enter/exit pool: ☐ Stairs ☐ Wheelchair ☐ Ramp

☐ Other _____

Are there challenges with the individual exiting a pool? ☐ Yes ☐ No

If yes, what strategies will work?

Goals & Expectations

Please list three key individual skills or areas of development.	Include current practice strategies to meet success.

Additional Questions or Comments

Next Steps for Individual and/or Parent/Legal Guardian

1. Staff will go through and complete a Program Screening with individual and/or parent/legal guardian (if applicable).
2. Complete Information Package and return to staff.
3. Complete a school/day program visit / telephone interview with Resource teacher (if applicable).
4. Staff will contact individual and/or parent/legal guardian to give the final decision.

Disclaimer:
Please note that partaking in the Participant Intake interview and/or completing any of the above mentioned steps does not guarantee the assignment of a support staff or enrollment into a recreation program.

Waiver and Release of Liability

Important – Read before signing: I hereby release, waive and forever discharge the Corporation of the Town of Newmarket, its employees, agents and contractors from all claims, demands, actions, causes of actions, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person, or to person(s) who, in law I am responsible for or to my property, howsoever caused, arising or to arise by reason of my participation or person(s) who, in law I am responsible for participating in any program in any location where the program is held. By signing this form I acknowledge having read, understood and agree to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. The participant is responsible for his/her own medical coverage.

Acknowledgment

I acknowledge receipt of the above information and agree to the terms of this form. I confirm that I have the authority to sign this form on behalf of any other parent/guardian of the Participant and to sign on behalf of the Participant, if applicable.

I have read the waiver and release of liability set out above, fully understand its terms and sign this acknowledgment freely and voluntarily.

Parent/Guardian Name: _____

Phone Number: _____

Parent/Guardian Signature : _____ Date Signed: _____

Witness Name and Signature : _____