



Under the Minnesota Government Data Privacy Act, it is required we inform you of your rights regarding the private data we are requesting on this form. The information on this form is used to process your inclusion request and can be shared with Shakopee Recreation staff. You have the right to withhold data, but you may not receive updated program information and/or accommodations. Your signature on this form indicates you understand these rights.

Signature _____ Date _____

Participant Name:		Birthdate:	
Parent/Guardian:		Home Phone:	Daytime Phone:
Address:	City:	State:	Zip:
Emergency Contact:		Home Phone:	Daytime Phone:
Current Grade in School:		School Name:	<input type="checkbox"/> Check if we may contact Teacher/Support Staff for more information
Teacher/ Support Staff		Teacher Phone:	

Please answer the following questions:

Physical/Medical

1. Describe the participants disability and level of involvement (mild-severe):

2. Does the participant take any medications? (please circle one) Yes No
 If yes, please list the medications and any possible side effects.

3. Does the participant have any allergies? (please circle one) Yes No
 If yes, please list the allergies.

4. Does the participant experience seizures?

Sensory Motor Skills

1. Describe the participants fine motor abilities:
2. Describe the participants gross motor abilities:
3. Any sensory integration concerns:

Social and Cognitive Skills

1. Describe the participants communication style – verbal, non-verbal, sign language, PECS, picture schedule, other:
2. Can the participant follow one step directions? **YES** **NO**
(please circle one)
3. Can participant follow multi step directions? **YES** **NO**
(please circle one)
4. Please describe social interaction with peers and with adults:
5. Any concerns with sharing, waiting turn, and transition times? Ideas for easing transitions or changes in routine?
6. Please describe attention span and level of distractibility:
7. Are there any specific techniques for motivation, re-direction, or maintaining focus?
8. If applicable, please describe warning signs of anxiety or behavior escalation?

9. Are there calming, organizing or de-escalating activities that work best for the participant?

10. Please describe participant's awareness of danger/impulse control:

11. Any other behavior concerns like running away, hitting, biting, flapping, etc. that we need to be aware of?

12. Any specific things to avoid if possible not yet mentioned on this form:

Any other information that would be useful for successful participation such as previous experience in recreation programs or a friend/sibling in the class:

Please return to:

Brad Eller
Recreation Supervisor
Shakopee Parks and Recreation
1255 Fuller St.
Shakopee, MN 55379

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TTY: 952-496-4122
beller@ShakopeeMN.gov