
PORTLAND

PARKS, RECREATION & FACILITIES

Inclusion Intake Form

Americans with Disabilities Act Statement (ADA)

The City of Portland Parks, Recreation and Facilities Department (the Department) is committed to providing interested participants equal opportunities in and access to its recreation programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere.

Qualified individuals with a physical or mental disability are encouraged to request reasonable accommodations to allow them to participate in public programs and services provided by the Department. The Department will make reasonable accommodations for qualified individuals with a disability, so long as the accommodation does not fundamentally alter the nature of the program, pose a direct threat to others, or otherwise impose an undue burden on the City.

Qualified individuals with a disability seeking an accommodation in order to participate in the Department's programs will be asked to complete a questionnaire in order to determine appropriate accommodations

Please submit the following form to request a modification for program participation. The individual must be registered for the class/activity before making a accommodation request. The request must be made ten (10) business days (Monday-Friday) before the start of the activity. (Fields marked with an asterisk (*) must be filled in).

Section One: Participant Information (Required Information)

Name:* _____ Phone Number:* _____

Address:* _____

Gender: Male _____ Female _____ Age: _____ Date of Birth: _____

Contact Person*: _____

E-mail*: _____

Activity / Program you are registered for*: _____

Today's date*: _____

Section Two: Parent or Guardian Contact Information (Required Information)

Mother's Information*

Name: _____

Address: _____

Phone: _____

E-mail: _____

Father's Information*

Name: _____

Address: _____

Phone: _____

E-mail: _____

Section Three: Accommodation Request/Participant Information

Has the participants every used Inclusion Services with Portland Recreation before?

_____ Yes _____ No

If yes, when and what was the activity: _____

Participant's primary needs for inclusion--What specific accommodations are you requesting for yourself or your child?

Are there any safety/behavioral concerns for the participant in this activity? _____ Yes _____ No

Does your child have a current **Behavior Plan**? _____ Yes _____ No

If yes, would you be willing to share this information so that we can plan for your child's needs?

_____ Yes _____ No Please initial _____

Participant's Current Medications that may impact their participation--If medication is to be administered, a **Medication Management Form** must be filled out.

Name of Medication	Purpose of Medication	Dosage	Time of Day Medication is Given	Side Effects

Medical Information and/or history:

- Allergies
- Balance Challenges
- Been exposed to or has contagious or infectious disease
- Food restrictions
- Physical challenges
- Seizures Type: _____
Please describe: _____
- Sensory challenges
- Service animal
- Walker
- Wheelchair
- Other _____

Does your child have an **Individualized Health Plan?** ___ Yes ___ No

If yes, would you be willing to share this information so that we can plan for your child's needs?

___ Yes ___ No Please initial _____

Please explain any applicable behavior needs:

- Describe the participant's recreation goals:

- Describe the participant's strengths:

- Describe the participant's likes:

- Describe any unusual fears or concerns:

- Does the participant require supervision?

- Close Supervision--Staff in close proximity
- Small Group
- Eye sight

- Does participant express physical or verbal aggression towards others?

- Does the participant express physical or verbal aggression towards self?

- Describe any triggers that may upset the participant (i.e., loud noises, lights being shut off, large groups, water).

- Please describe any teaching strategies or supports that will help to facilitate the participant's active engagement in the program.

Please check any applicable statements about the participant and explain, if necessary.

- Needs assistance eating/drinking.
- Needs assistance toileting.
- Needs assistance dressing/undressing.
- Needs assistance communicating.
- Needs assistance to walk or move wheelchair.
- Needs assistance transferring from wheelchair.
- Needs assistance with reading/writing/hand skills.
- Needs assistance in using money.
- The participant may run away from the group.
- The participant may wander away from the group.
- What method of communication does the participant use?
 - Words and short sentences
 - Sign Language
 - Picture system
 - Communication device
- The participant uses hearing aids/cochlear implant.
- Has precautions for heat/cold/pain.

- Needs assistance in orientation to people/places/times.
- List any known limitations for recreation activities.
- Does the participant know how to swim? ____Yes ____No
- Does the participant wear a lifejacket while in the swimming pool? ____Yes ____No
- Does the participant need assistance with swimming pool entry and exits?
____ Yes ____No

If yes, please explain how best to support him/her

List any activities that might cause anxiety or an unwillingness to participate (e.g. large spaces, loud noises, water, animals, touch, other).

Is there anything else you would like to share?

Section Four: Acknowledgement, Agreements and Release

I, the undersigned, state that I am the parent(s), legal guardian and/or caregiver of the Participant.

ACKNOWLEDGEMENTS:

I understand:

- This service is not designed for therapeutic recreation or one-on-one care specifically.
- The inclusion aide or staff person does not dictate the structure of the program, and should I have any concerns about the structure of the program, I should contact Rose Cronin, at 207-874-8874.
- It is my responsibility to provide the Inclusion Services Manager with the most current information about my child/dependent and his/her abilities. This information helps to assist in making modifications to meet his/her needs.
- It is my responsibility to let the Inclusion Manager know if there are any changes in the information that I have provided about my child/dependent as soon as a change occurs. This includes health, behavior, medication or related care concerns.
- It is my responsibility to inform the Inclusion Services Manager that I wish to have his/her modifications in place for each program my child/dependent signs up for at least 10 days in advance of the beginning of the program for which he/she is registered.
- My child's/dependent's inclusion plan (Individual Recreation Plan) does not exempt him/her from following the recreation program rules and consequences as outline in the Department's Code of Conduct and Behavior Rubric. The modifications in place may assist him/her in meeting these rules but does not exempt him/her from following them.

- If my child/dependent is unable to comply with these rules, even with the use of modifications including an aide in place, he/she will be subject to the recreation department's disciplinary procedures.
- Parent conferences, probationary periods and suspensions are some steps that may be taken to ensure children /dependents and their families are kept informed and that the participation in the program/activity may be in jeopardy. In some cases, participants may be subject to emergency suspension or expulsion if their behaviors are beyond the ability of the program staff to control or beyond the scope of the program.

AGREEMENTS & RELEASES

I hereby state that I am voluntarily allowing my/our participant to participate in Portland Parks, Recreation & Facilities programs, and that I recognize that there are certain risks and dangers inherent in their participation in this type of activity.

I understand the Portland Parks, Recreation and Facilities Department cannot and does not guarantee or insure the safety of my/our participant. I am willing to assume any risk, on behalf of myself/ourselves alone, of personal injury or property damage to my/our participant in order to allow him/her/self to participate in this program, except that caused by the sole negligence of Portland Parks, Recreation & Facilities. I therefore release Portland Parks, Recreation & Facilities its officials, administrators, employees and agents from all liability, claims and causes of actions arising or in any connected with my/our participation in the above-named program except that caused by the sole negligence of Portland Parks, Recreation & Facilities.

I hereby freely and voluntarily authorize Portland Parks, Recreation & Facilities to request and obtain emergency medical care from such medical care provider as is immediately available in any situation which department employees or agents determine such care is required.

I certify that the above information that I provided is true and correct, and that I have read the above consent to participate and hold harmless agreement and agree to all the terms and conditions of this agreement.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

PLEASE PRINT NAME

Date: _____

**RETURN FORM TO: PORTLAND PARKS, RECREATION & FACILITIES
212 CANCO RD
PORTLAND, MAINE 04103
ATTENTION: ROSE CRONIN**