



City of Portland
Parks, Recreation and Facilities Management
Center for Therapeutic Recreation
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Children's Leisure Inventory

Parents: Please take a few moments to answer these questions about your child. The information we receive will help us better plan for your youngster's needs in our activities. Thank you for your time!

Child's Name: _____

SECTION I - FAMILY LEISURE ACTIVITIES

- List leisure and recreation activities inside your home that your child has shown interest in.
- What are your child's favorite leisure/recreation activities?
- What does your child do during his/her free time?
- What are some indoor and outdoor activities that your family enjoys doing together?
- Do others in the home/family spend time with your child? If so, what types of activities are they enjoying/doing together?

SECTION II - PLAY PATTERNS

- What activities would you consider appropriate for your child?
- What type of activity is your child attracted to?
- How flexible does the environment need to be? Are there any special considerations for transportation and/or space?

- How important is play to your child? How important is to you that your child does or does not play?
- Is your child likely to break or damage or hurt self with toys if left unsupervised?
- Do you feel that there are appropriate and enjoyable toys available for your child?
- Do you need some resources to locate them?
- Does your child recognize “free time” and initiate play on his/her own?
- Does your child participate in activities during free time that are constructive and promote growth?
- If yes, what are some of these activities?
- Does your child have access to friends for after-school activities?

SECTION III – LANGUAGE DEVELOPMENT

- How does your child communicate? *(Please describe)*
 - Verbally:
 - Speaks in sentences:
 - Cued Speech:
 - Special Words or Phrases:
 - One or Two Word Phrases:
 - Personal Signs:
 - Other:
 - Non-Verbally (using gestures):
 - Sign Language: List known signs
 - PECS System
 - Communication Board or Book: Sample pages are helpful to share with us.
 - Social Stories: Please provide a sample format.
 - Augmentative Device
 - Other:

SECTION IV – YOUR CHILD’S SPECIAL NEEDS

- Does your child experience behavior problems? Yes _____ No _____
- What does he or she do?

- When do these behaviors typically occur (*i.e. during transitions, with unfamiliar people, ending a favorite activity, when the demand is too difficult*)?

- How long do they last?

- Please list parent/teacher intervention method(s).

- Please list instructional cues that work best for your child to promote learning.

- Please list some positive reinforcers for your child.

- How many minutes is your child able to remain on task?

1-4 _____ 5-10 _____ 10-15 _____ 15-20 _____ 20+ _____

Additional comments regarding length of time your child is actively engaged in an activity:

- Can your child play with other children without disabilities and without supervision? If yes, how long and what activities are they engaged in?

RECREATION ACTIVITIES: Please check all activities that you would like to participate in:

• GAMES		• HOBBIES	
	Backgammon		Stamp Collecting
	Button-Button		Puzzles
	Candy Land		Rock Collecting
	Charades		Looking at Books
	Chess		Reading
	Checkers		Nature Walks
	Chinese Checkers		Camping
	Chutes & Ladders		Other_____
	Duck-Duck Goose	• MUSIC	
	Electronic Games		Dancing
	Apples to Apples		Listening to Music
	Go Fish!		Musical Instruments
	Hide & Go Seek		Other _____
	Hot Potato	• SPORTS	
	Matching Games		Soccer
	Monkey-in-the-Middle		Canoeing/ Kayaking /Sailing
	Monopoly		Riding a Bike
	Mother, May I?		Ice Skating
	Old Maid		Swimming
	Parachute Games		Badminton
	Puzzles		Skiing
	Red Light		Volleyball
	Scotter Board Games		Wiffle Ball
	Scrabble		Running
	Tag Games		Bocce Ball (Lawn Bowling)
	Uno		Bowling
	Red Light		Roller Skating
	Connect 4		Frisbee
	Other_____		Basketball
			Dodgeball
			Snow Shoeing
			Kickball
• PLEASURE & FUN!			Playing Pass
	Playing with Dolls		Ribbon Sticks
	Playing with Trucks		Special Olympic Sports
	Going to the Beach		Other_____
	Picnics	• ARTS & CRAFTS	
	Going for Rides		Coloring
	Kite Flying		Drawing
	Going to / Watching Movies		Painting
	Other_____		Other_____