



Chesterfield County, Virginia
Department of Parks and Recreation

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Director

Chesterfield County Parks & Recreation Department

Participant Profile

ALL participant profile information will ONLY be shared with pertinent recreation staff.

Program:

Participant's Name:
First Middle Last

Sex: Date of Birth: / / Age:

Diagnosis/Disability:

Parent/Guardian Name:

Address:
Street City Zip

Phone: (H) (C) (W)

Email:

Emergency Contact Name: Phone:
(relative/friend)

Current School: Teacher's Name:

Does participant use/wear any of the following ? (Please check all that apply)

- glasses hearing aids
contact lenses orthopedic device (describe:)
crutches/cane prosthetic device (describe:)
wheelchair- Please circle type: manual or motorized

Mobility: (Please check all that apply)

- totally independent (can walk/run) uses wheelchair for all mobility
occasionally needs assistance walking If you checked wheelchair use, please
uses a wheelchair for long distances indicate their transfer skills below:
transfers independently
transfers with assistance

Transportation: (Please check all that apply)

- Is a lift-equipped vehicle needed for transportation? Yes No
Can the participant be manually transferred to a seat on a bus or van? Yes No
Comments:

Communication: (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> verbal | <input type="checkbox"/> has good auditory processing |
| <input type="checkbox"/> verbal; however, may be difficult to understand | <input type="checkbox"/> reads |
| <input type="checkbox"/> minimal/limited verbal communication | <input type="checkbox"/> writes |
| <input type="checkbox"/> nonverbal | <input type="checkbox"/> understands directions |
| <input type="checkbox"/> unable to communicate needs/wants | <input type="checkbox"/> can follow multiple step directions |
| <input type="checkbox"/> uses sign language proficiently | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> uses sign language minimally | _____ |
| <input type="checkbox"/> uses communication board/device | _____ |
- If so, will it be provided by the participant? Yes / No

Socialization Skills:(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> interacts well with peers | <input type="checkbox"/> prefers small groups |
| <input type="checkbox"/> interacts well with adults | <input type="checkbox"/> tolerance of noise levels |
| <input type="checkbox"/> prefers large groups | <input type="checkbox"/> low |
| <input type="checkbox"/> prefers to be alone | <input type="checkbox"/> medium |
| <input type="checkbox"/> tolerates group outings | <input type="checkbox"/> high |

Comments: _____

Dietary/Feeding Considerations: (Please check all that apply)

- requires no assistance with meals
- mainly independent but needs help with set up (i.e. cutting meat, pouring liquids, carrying trays, etc.)
- needs total assistance with meals
- participant is diabetic
- participant has special diet needs – Please describe: _____

Safety: (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> will stay with group | <input type="checkbox"/> can recognize danger |
| <input type="checkbox"/> able to say name and phone number | <input type="checkbox"/> can be responsible for own belongings |
| <input type="checkbox"/> can manage own money | <input type="checkbox"/> can swim independently |

Comments: _____

Toileting Skills:(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> totally independent | <input type="checkbox"/> needs reminders |
| <input type="checkbox"/> not toilet trained; must be checked/changed regularly | <input type="checkbox"/> needs assistance wiping |
| <input type="checkbox"/> will wear diapers/Depends to program | <input type="checkbox"/> has frequent accidents |
| <input type="checkbox"/> participant can independently change diaper/Depends | <input type="checkbox"/> needs assistance transferring on/off toilet |

Can participant indicate if assistance is needed with toilet and hygiene practices? Yes No

Comments: _____

Behavior/Personality:(Please check all that apply)

1. Comment briefly on participant's general behavior and moods (e.g., happy, shy, etc.).

2. List activities and items the participant especially enjoys that can be used to reinforce positive behavior:

3. Particular dislikes? Triggers? _____

4. Describe a behavioral incident and how the situation was resolved:

Please check if the participant has exhibited any of the behaviors below: (Please check all that apply and comment)

withdrawn/shy _____

easily discouraged _____

hyperactive _____

runs away _____

easily distracted _____

physically harms self _____

physically harms others _____

manipulative _____

self-stimulation _____

other: _____

Is a behavior management plan currently being used? If so, please describe.

Is there any other information that would be helpful to the program staff? _____

What is your main goal for the participant in the program/class? (Socialization, self confidence, etc.)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____ / _____ / _____