MONMOUTH COUNTY PARK SYSTEM
Inclusion Profile

To enable us to create a positive experience for the participant, please complete the applicable sections of this form with as much detail as possible. If a section does not pertain to the participant please mark "N/A". Participant information will only be shared with pertinent recreation staff; profiles must be updated annually and as significant changes occur. Questions? Call Justin Dunn, (732) 460-1167 x22.

Completed Inclusion Profile should be sent to:
Justin Dunn – Therapeutic Recreation
Monmouth County Park System
805 Newman Springs Road
Lincroft, NJ 07738

Participant _____ Date of Birth _____ Sex _____

Street Address (No PO Boxes) _____

City _____ State _____ Zip _____ Phone _____

Primary Disability Classification _____

Parent/Guardian Name _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian's Preferred Method of Contact (cell phone, email, etc.) _____

Emergency Contact #1 (other than parent) _____

Phone _____ Relationship to Participant _____

Contact #2 _____

Phone _____ Relationship to Participant _____

Accommodation Requests
Please check all that apply.

Will the participant require any of the following while attending the program?

☐ Inclusion Coach* ☐ Sign Language Interpreter ☐ Wheelchair

☐ Braille/Large Print Materials ☐ Other _____

Please explain any of the above: _____

*For additional information regarding Inclusion Coaches, please see "Inclusion Coach" on the following page.

Inclusion Coach
An Inclusion Coach provides support to individuals with special needs so they may participate with their non-disabled peers in a variety of program settings. Support would be in the form of an inclusion coach, behavior management and/or activity adaptations and modifications.

If there are other inclusion participants in a program, would your child be able to function in a 1:2 staff to participant ratio and share an Inclusion Coach? ☐ No ☐ Yes

If there are other inclusion participants in a program, would your child be able to function in a 1:3 staff to participant ratio and share an Inclusion Coach? ☐ No ☐ Yes

Please explain: _____

_____

Program Information (if possible, attach a copy of the Program Receipt)

Program Name	Program Number	Dates	Location

Program Goals
☐ To increase his/her interest in an activity or topic ☐ To learn a new skill ☐ Socialization
☐ Other _____
What are your specific goals/expectations for this inclusive experience?

_____

_____

What are your expectations should the participant display opposition to an activity the group is doing?

☐ Participant must try the activity for 10 minutes.
☐ Participant may work on similar activity parallel to the group with Inclusion Coach (if applicable).
☐ Participant may sit next to the group and encourage other participants.
☐ Other _____

_____

Communication and Language
Please check all that apply.
Primary means of communication:

☐ Can be understood by others ☐ Speaks but is difficult to understand ☐ Uses sign language
☐ Gestures ☐ Uses communication board/device ☐ Non-verbal

Receptive Language:

☐ Has good auditory processing ☐ Responds to 1-step directions
☐ Understands simple commands ☐ Follows directions in a small group
☐ Follows directions in a large group

When teaching new techniques/skills it is best to:

☐ Demonstrate the technique/skill ☐ Use verbal prompts ☐ Use hand over hand teaching
☐ Have directions in a written format ☐ Other _____

Behavior/Personality
Please attach Behavior Modification Plan if applicable
Comment briefly on the participant's general behavior and moods (ex. happy, shy, etc.).

Please list examples of anything you feel may result in a change of the participant's behavior.

Describe in detail a behavior outburst/incident:

Are you or the participant's current day program/school using any behavior modification program?
(Praise, material reinforcers, token system, contracts, time outs, etc.) ☐ No ☐ Yes

List activities and items that the participant enjoys that can be used to reinforce good behavior:

Does the participant have any behaviors the staff needs to be aware of?
(Ex. wandering, running away, physically harming self/others, self-stimulation) ☐ No ☐ Yes

Does the participant have any particular dislikes or fears? ☐ No ☐ Yes

Socialization

Please check all that apply and comment briefly in the space provided.

☐ Interacts well with peers ☐ Does not interact well with peers ☐ Interacts well with adults
☐ Does not interact well with adults ☐ Prefers large groups ☐ Prefers small groups
☐ Plays cooperatively in a group ☐ Tolerates noise ☐ Does not tolerate noise

How does the participant respond to a new environment? _____

_____

How can we help transition him/her to a new environment? _____

_____

General Health and Disability Information

Please check all that apply and comment briefly in the space provided.

Does the participant have or is subject to:

☐ Allergies ☐ Asthma/Bronchitis ☐ Diabetes
☐ Dizziness/Headaches ☐ Heart Disease ☐ Heat Exhaustion/Dehydration
☐ Seizures ☐ Sunburn ☐ Susceptible to Skin Irritations

Please explain any of the above: _____

_____

Does the participant have any food allergies? ☐ No ☐ Yes _____

Is the participant on a special diet? ☐ No ☐ Yes _____

Does the participant use/have any rescue medications? _____

(Ex. Benadryl with Epi-Pen, Epi-Pen, Asthma Inhaler) ☐ No ☐ Yes _____

Does the participant have any hearing deficits? ☐ No ☐ Yes _____

Does the participant have hearing aids or cochlear implants? ☐ No ☐ Yes _____

Can the participant read lips? ☐ No ☐ Yes _____

Does the participant use sign language? ☐ No ☐ Yes _____

Does the participant have any vision deficits? ☐ No ☐ Yes _____

Does the participant wear glasses or contact lenses? ☐ No ☐ Yes _____

Does the participant use a cane or need someone to sight guide them? ☐ No ☐ Yes _____

Daily Living Skills

Please check all that apply and comment briefly in the space provided.

Does the participant need assistance with:

Eating/Drinking (ex. cutting food)? ☐ No ☐ Yes _____

Dressing/Undressing (ex. tying shoes, fastening buttons, prompts needed)? ☐ No ☐ Yes _____

_____

Is the participant able to care for his/her toileting needs? ☐ No ☐ Yes _____

If no, what kind of assistance is needed with toilet and hygiene practices? _____

_____

Mobility

Please check all that apply.

Is the participant ambulatory (able to walk/run without assistance)? ☐ No ☐ Yes

Please indicate assistive devices used for mobility:

☐ Braces ☐ Cane ☐ Crutches ☐ Walker

☐ Wheelchair (Manual/Electric) ☐ Other _____

If the participant uses a wheelchair, does he/she need assistance with transfers? ☐ No ☐ Yes

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

_____

_____

_____

_____

If possible, please attach a copy of the participant's IEP for reference (please check):

☐ I am attaching a copy of the IEP with the Inclusion Profile

☐ I will be sending a copy of the IEP at a later date

☐ I will not be sending a copy of the IEP

Parent/Guardian Signature _____ Date _____