Therapeutic Recreation – Assessment Form Packet

Welcome to the City of Suffolk Department of Parks and Recreation's, Office on Youth, Therapeutic Recreation Program! The goal of the Therapeutic Recreation Program within the City of Suffolk is to provide inclusive recreational opportunities and goal-oriented treatment for individuals with disABILITIES so they may overcome barriers, learn, adapt, and grow. Therapeutic Recreation recognizes play, leisure, and recreation as integral components of a person's well-being regardless of needs, illness, or disability. We are dedicated to serving individuals with disabilities and offering them the best opportunities to experience how recreation can enhance health, independence, and quality of life!

Procedures for Registration:

To participate in Therapeutic Recreation programs and activities, participants must:

1. Complete all Participant Assessment Forms and return to:

Jaimie Belch – Therapeutic Recreation Specialist – 134 S. 6th Street – Suffolk, VA 23434

OR

Via Email: jbelch@suffolkva.us

2. Current participants:

- Annually - All forms are reviewed annually by the CTRS for current program participants. A CTRS will contact the participants and/or their parent/guardian on file to ensure no major changes have occurred. Any changes provided will be updated, dated and signed by the CTRS.
- Every 5 years - The full Participant Assessment Packet is completed every 5 years. When the 5-year mark is approaching, a CTRS will notify the participant and/or their parent/guardian that a new Participant Assessment Packet is needed.
- Exceptions:
    - Participants will be required to complete a full assessment packet prior to the 5-year mark if either of the following items are met:
        - (1) participant has not participated in programs for over one (1) year OR
        - (2) a significant change in behavior or life event has occurred that will affect participant's participation in TR programs.

*Sending in the Participant Assessment Packet enrolls your child into the Therapeutic Recreation program. However, it does not automatically enroll your child in every event or activity that is offered through the TR program. After completing the Participant Assessment Packet and returning to the CTRS, Jaimie Belch, it is important to keep an out eye out for flyers, emails, and other advertisements on Therapeutic Recreation events being offered. For every event, program, and activity offered you must complete the individual activity registration form on or before the registration deadline in order for your child to participate!

Who can Participate?

Suffolk Office on Youth's Therapeutic Recreation programs and events are designed for individuals ages 4 and up with disabilities such as, but not limited to, mild to moderate intellectual disabilities, mild to high functioning Autism, learning disabilities, moderate behavioral/emotional disorders, mental disabilities, traumatic brain injuries, developmental disabilities, physical disabilities, etc. are all welcome to participate!

Suffolk Parks and Recreation, Office on Youth, is not able to provide personal aides. Therefore, children need to be able to independently perform all activities of daily living. If a child cannot perform these activities on their own, (i.e. toileting, feeding, etc.) but would like to participate in our Therapeutic Recreation programs, they are more than welcome! We just kindly ask that a parent/guardian or personal aide will be present and attend all activities/programs with the participant at no extra cost. Personal aides/assistants must be over the age of 18 years old!

Skills needed to participate in Therapeutic Recreation programs and activities include:

With minimal staff assistance the participant will be able to complete familiar two-step directions, make choices, manage personal belongings, and have the desire to participate. Participants who require 1:1 assistance are welcome with their own personal aide/assistant.

Suffolk Department of Parks & Recreation *"Play is Medicine"*

Our Vision:

To be the national leader in connecting people through play.

Our Mission:

To create memorable experiences through a culture of fun and customer service excellence.

Recreation Therapy:

To improve the health and overall quality of life through the process of thoughtful and careful intervention so others may overcome barriers, learn, adapt, and grow.

Office on Youth

Therapeutic Recreation services are provided through Suffolk Parks and Recreation, Office on Youth division. The Office on Youth fosters the passions and dreams of Suffolk youth by promoting a quality and accessible system to address the needs of youth and families of the City of Suffolk. Through programs, resources, and partnerships we look to add a positive and lasting change to the lives of our youth, while promoting a safe, nurturing, and health community.

Visit our website: *www.suffolkva.us/parks*

Facebook: *Suffolk Parks and Recreation* **Instagram:** *@suffolkparksandrec*

Participant Information Form

Participant Information

Name: _____ Prefers to be called: _____

Date of Birth: _____

□ Male □ Female □ Prefer not to say □ Other: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Emergency Contact Information

1. Parent/Guardian Name: _____ Phone #: _____

   Relation: _____ Email: _____

2. Parent/Guardian Name: _____Phone #: _____

   Relation: _____ Email: _____

3. Name: _____ Phone #: _____

   Relation: _____ Email: _____

Participant Basic Medical Information

Primary Diagnosis: _____ Secondary Diagnosis: _____

Cause of Disability: □ Congenital (present at birth) OR □ Acquired

If acquired, date of injury/diagnosis ____/____/_____

Level of Severity of Disability: □ Mild □ Moderate □ Severe

Does the participant take medication(s)? □ YES □ NO

If YES, please list medications:

_____

Will the participant need to take medications during the program? □ YES □ NO

***Recreation Therapy staff are NOT responsible for the administration of medications.**

Are there side effects of medications that staff need to be aware of that may prevent participation (sun sensitivity, overheating, etc.)? □ YES □ NO

If YES, explain _____

Check all that apply:

☐ Asthma ☐ Heart disease

☐ Heart related problems ☐ Heat/sun sensitivity

☐ High blood pressure

☐ Allergies; Type: _____

Reaction: _____

☐ Diabetes; Does participant use Insulin? ☐ YES ☐ NO

☐ Other: _____

PARTICIPANT PHYSICAL STATUS:
Communication: ☐ Verbal ☐ Difficult to Understand ☐ Stutters ☐ Mumbles ☐ Soft Spoken ☐ Echolalia ☐ Non-Verbal ☐ Reads Lips ☐ Gestures ☐ Sign Language (ASL) ☐ Writes/Communication Board ☐ Reads ☐ Unable to make needs known ☐ Other _____
Vision: ☐ 20/20 ☐ Impairment Left Eye ☐ Impairment Right Eye ☐ Farsighted ☐ Nearsighted ☐ Cataracts ☐ Glaucoma ☐ Blind ☐ Stigmatism ☐ Glasses ☐ Contacts ☐ Other _____
Hearing: ☐ Not Impaired ☐ Hearing Impaired: ☐ Left ear ☐ Right ear ☐ Hearing Aid: ☐ Left Ear ☐ Right Ear ☐ Deaf: ☐ Left Ear ☐ Right Ear ☐ Other _____
Fine Motor Impairments: ☐ Right: ☐ YES ☐ NO ☐ Partial ☐ Left: ☐ YES ☐ NO ☐ Partial ☐ Hand-eye Coordination: ☐ YES ☐ NO ☐ Partial **Fine Motor Skills:** ☐ Independent ☐ Needs assistance; explain _____ ☐ Adaptive Equipment _____
Gross Motor Impairments: ☐ Upper Left: ☐ YES ☐ NO ☐ Partial ☐ Upper Right: ☐ YES ☐ NO ☐ Partial ☐ Lower Left: ☐ YES ☐ NO ☐ Partial ☐ Lower Right: ☐ YES ☐ NO ☐ Partial **Gross Motor Skills:** ☐ Independent ☐ Needs assistance; explain _____ ☐ Adaptive Equipment _____
Balance: ☐ Non-Weight Bearing ☐ Partial-Weight Bearing Right Leg ☐ Partial-Weight Bearing Left Leg ☐ Full Weight Bearing

Endurance: (how long can you participate before needing a break?): (Minutes)
Circle all that apply

Casual Walking: <5 5 10 15 30 45 60 >60

Strenuous Exercise: <5 5 10 15 30 45 60 >60

Mobility: ☐ Power Wheelchair ☐ Manual Wheelchair ☐ Walker ☐ Cane ☐ Independent
☐ Other _____

Functional/Transfer Ability: ☐ Independent ☐ Partial Assist ☐ Dependent

ACTIVITIES OF DAILY LIVING:

Toileting: ☐ Independent ☐ Wears pull-ups/briefs ☐ Catheter
☐ Dependent; type of assistance: _____

Does the participant follow a restroom schedule? ☐ YES ☐ NO
If YES, how often will they need to be taken to the restroom? _____
Are there specific cues/prompts that are used? _____
Will the participant communicate that they need to go to the restroom? ☐ YES ☐ NO

Note: Participants who require 1:1 assistance are welcome to bring their own aide but will NOT be provided a personal aide.

Eating: ☐ Independent ☐ Dependent; type of assistance: _____
☐ Food allergies; Type _____
☐ Special Diet; Type _____
☐ Adaptive Equipment; Type _____
☐ Meal Behaviors (stuffing, pocketing, taking others food); explain _____

BEHAVIORAL/EMOTIONAL/SOCIAL/COGNITIVE:

Personality: ☐ Excitable ☐ Passive ☐ Friendly ☐ Cooperative ☐ Stubborn ☐ Active
☐ Aggressive ☐ Tantrums ☐ Depressed ☐ Sociable ☐ Curious ☐ Sensitive ☐ Persistent

Behaviors: ☐ Verbally aggressive ☐ Destroys property ☐ Physically harms self ☐ Frustrated
☐ Uses profanity or negative words ☐ Wanders/ runs from group ☐ Aggressive towards others
☐ Irritable ☐ Stays with group ☐ Recognizes danger ☐ Does not recognize danger
☐ Other behaviors _____

Causes _____
Indicators a behavior is going to occur _____
Average duration and intensity of behavior/episode _____
Effective strategies & techniques used for de-escalation:
☐ Positive reinforcement ☐ Redirection ☐ Time out ☐ Rewards/tokens
☐ Other _____

Cognition:
Can identify: ☐ Person ☐ Place ☐ Time ☐ Situation ☐ Object
Is often: ☐ Confused ☐ Forgetful ☐ Unaware ☐ Disoriented
Comprehension: ☐ Strong ☐ Partial ☐ None
Memory Impairment: ☐ YES ☐ NO → If YES: ☐ Long term ☐ Short term
Decision Making: Makes everyday decisions? ☐ YES ☐ NO
Ability to differentiate right from wrong? ☐ YES ☐ NO
Comments: _____

Structure:
Reaction to changes in routine: _____
Reaction to noise level or loud noises: _____
Reaction to visual stimulation: _____
Distractions: _____
Noises or Situations that cause distress: _____
How should staff respond to reactions: _____

Learning Styles: Learns best when given:
☐ Verbal Directions ☐ Written Instructions or Lists ☐ Demonstration or Modeling
☐ Combination of All
Does the participant have any Processing Delays? ☐ YES ☐ NO
Are 1-step directions needed? ☐ YES ☐ NO
Will the participant independently ask for clarification if directions are not understood? ☐ YES ☐ NO
Teaching techniques and adaptations used at home/school:
_____

Cues/prompts used to assist with focusing/listening: _____

Socialization: ☐ Likes to be around others ☐ Tolerates new surroundings/people
☐ Adjusts well to new surroundings/people ☐ Enjoys independent activities
☐ Needs encouragement to join group ☐ Prefers small group activities
☐ Difficulty adjusting to new surroundings/people ☐ Prefers large group activities
☐ Uncomfortable around new surroundings/people

Any concerns with:
☐ Waiting in line ☐ Being first ☐ Taking turns ☐ Getting out/eliminated ☐ Sharing
☐ Losing ☐ Cooperation/teamwork ☐ Keeping hands to themselves
☐ Personal space/boundaries ☐ Other _____

OTHER THERAPIES: Do you receive therapeutic services? ☐ Speech ☐ Occupational ☐ Physical
☐ Psychological ☐ Applied Behavioral Analysis (ABA) ☐ Other: _____

Parent/Guardian Signature _____ Date_____

RECREATION & LEISURE:
Social and Leisure Interests:
O – Circle Interests X – Mark Dislikes

Reading	Crafts	Group Games	Soccer	Bowling	Amusement Parks
Music/Concerts	Drawing	Painting	Card Games	Basketball	Group Exercise
Festivals/Fairs	Singing	Ceramics	Board Games	Volleyball	Walking
Acting	Cooking	Sewing	Puzzles	Swimming	Martial Arts
Picnics	Billiards	Tennis	Movies	Baseball	Attending Plays
Sporting Events	Camping	Parks	Playground	Dancing	Video Games
Fishing	Shopping	Gardening	Photography	Special Events	Community Outings

Prefers → ☐ Group Programs ☐ Individual Programs ☐ Both

Current leisure/social interests: _____

Past leisure/social interests: _____

Activities that are disliked: _____

Positive qualities/strengths: _____

What areas/goals would the participant like to improve on?

_____

What do you hope to gain from participation?

_____

What are your specific concerns that may prevent successful participation?

_____

What programs, classes, and events are you interested in?

_____

Activity Restrictions: _____

Guidelines of Conduct

Individuals registered or signed up for Therapeutic Recreation programs, activities and classes are expected to follow general guidelines of conduct which include, but are not limited to:

- Stay with assigned group/No wandering or leaving group
- Care for personal belongings or request assistance as needed
- Use equipment and supplies appropriately without destruction
- Keep hands and feet to self (no grabbing, hitting, or kicking others)
- Refrain from causing harm to self or others (no fighting, biting, or other physical aggression)
- Use friendly and appropriate language
- Follow directions and prompts
- Participate as fully as possible

Suffolk Parks and Recreation reserves the right to limit and/or deny participation if:

- The participant's actions cause injury to self, peers, or staff
- The participant engages in repetitive, aggressive, harmful, or disruptive behavior(s)
- The participant fails to follow general rules of conduct
- The participant does not meet criteria for the program (disability or prerequisite skills)
- Paperwork is incomplete or forms/participant is not registered and submitted prior to the registration deadline

Bullying – defined as unwanted aggressive or non-aggressive behavior, that involves the real, or perceived to be real, power or control of one participant(s) directed towards other participant(s) – will not be tolerated.

Progressive Discipline

TR Program participants are encouraged to engage in a supportive environment. As such, the following behaviors are discouraged and may result in appropriate disciplinary responses: the use of profanity, obscene language, inappropriate gestures, sexually inappropriate behavior, teasing, bullying, throwing objects, and malicious physical contact, to name a few. Depending on the behaviors indicated, staff reserve the right to issue the appropriate progressive step indicated below. Staff members may use one or more of the following interventions:

Progressive Step 1 - Verbal Warning

Staff will remind participant of TR program behavior expectations and verbally redirect participant engaging in minor inappropriate behavior. Verbal warnings may include, but are not be limited to, reiterating that participant is to maintain individual space and keep his or her hands, feet, etc. to himself or herself.

Progressive Step 2 – Regroup Time

Staff will allow participant time to regroup, discuss inappropriate behavior and alternative choices, and prepare to continue recreational programming and fun. Participant will be monitored and reevaluated at five (5) minute intervals to determine his or her readiness to rejoin the group.

Progressive Step 3 – Early Pick-Up

Staff will require participant to be picked up by a parent, legal guardian, or emergency contact when participant is unable to manage his or behavior, despite verbal warning and intervention attempts, or the misconduct is egregious, and/or participant requires attention beyond the capacity of TR staff. A parent will be required to meet with CTRS to discuss a Behavior Contract before the participant can return to the program. In the event the guidelines in the behavior contract are broken, suspension will occur (as stated in steps 4 and 5 below).

Progressive Step 4 – Suspension for one or more days*

Suspensions may be imposed in situations where misconduct continues after lesser progressive steps have been imposed or resulting from an especially egregious act.

Progressive Step 5 – Long Term Suspension*

In the event that the aforementioned interventions are not successful, a Long Term Suspension (up to or more than 1 year) may be imposed. This level of intervention is usually reserved for the most severe situations.

*Suffolk Parks and Recreation does not prorate or refund fees in cases involving participant misconduct or suspensions.

I have read and understand the above Guidelines of Conduct and agree to the terms as described.

_____ _____

Parent/Guardian Signature Date

- FOR OFFICE USE ONLY -

Application Submission Date: _____ Application Review Date: _____

Reviewed by: _____

Recommendations:

_____

_____

_____

Application Approval Date: _____ Reviewed by: _____

Applicant Contact Date: _____ ☐ Approved ☐ Denied

Reasons for denial: _____

Staff Signature: _____

Therapeutic Recreation Programs Waiver and Release

Confidentiality Understanding

I understand that information provided for the purposes of assessment and placement in Suffolk Parks and Recreation's programs, classes and activities is strictly confidential to the Parks and Recreation assigned staff and appropriate service professionals and contractors.

Parent/Guardian Signature _____ Date _____

Release Waiver

In consideration of being permitted to participate in any way in Suffolk Parks and Recreation's Therapeutic Recreation programming, activities and classes, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in Suffolk Parks and Recreation's programs, activities and classes.

Parent/Guardian Signature _____ Date _____

Indemnification

I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in Suffolk Parks and Recreation programs, activities and classes.

Parent/Guardian Signature _____ Date _____

Emergency Medical Treatment Release

In the event of an emergency, I give permission for my child to be transported to the nearest medical facility and have appropriate care administered. It is understood that the staff will make every effort to contact you in such instances.

Parent/Guardian Signature _____ Date _____

Photo/Video Release

- ☐ *I consent to my child being photographed or videoed during this program; and I understand that these photos can be used for publication to promote the Department's events, classes, activities and programs.*
- ☐ *I do NOT consent to my child being photographed or videoed during these programs.*

Parent/Guardian Signature _____ Date _____

SEIZURE INFORMATION FORM

***Only complete this form if applicable**

Participant's Name: _____ Age: _____

Completed by: _____

Parent/Guardian signature if participant is under the age of 18

1. Type of Seizure(s): _____
2. Typical seizure description: _____
3. Are there any conditions that seem to trigger a seizure? ☐ YES ☐ NO
   If yes, please describe: _____
4. Are there any warning signs? ☐ YES ☐ NO
   If yes, please describe: _____
5. Date of most recent seizure: _____/_____/_____
6. Typical duration of seizure(s): _____
7. Frequency of seizure(s): _____
8. How many in the past 12 months? _____
9. Average/estimated time needed to return to a normal and conscious state? _____
10. Does the participant require medication during or after a seizure? ☐ YES ☐ NO
    If YES, what type(s) of medication and when? _____
11. How is the medication administered? _____
12. Are there any limitations or restrictions following a seizure? _____
13. After a seizure, the following should be done: _____
14. Do you wish to be notified immediately after? ☐ YES ☐ NO
15. Do you want us to call a specific hospital, rescue squad, or 911? ☐ Hospital ☐ Rescue Squad ☐ 911
    Doctor/Hospital Name: _____
    Phone Number: _____

To better serve our participants we would like to be aware of the actual seizure activity, please check the appropriate areas.

MENTAL STATUS	☐ Unchanged ☐ Dream-like ☐ Vacant ☐ Unconscious ☐ Other _____
MUSCLE TONE CHANGE	☐ Rigid whole body ☐ Rigid right side ☐ Rigid left side ☐ Limp ☐ Falls down ☐ Other _____
MOVEMENT	☐ Jerked whole body ☐ Jerked right side ☐ Jerked left side ☐ Jackknife ☐ Purposeful movement ☐ Head drop ☐ Other _____
COLOR	☐ Flushed ☐ Pale ☐ Bluish ☐ Other _____
MOUTH	☐ Salivates ☐ Chews ☐ Swallows ☐ Cries ☐ Smacks lips ☐ Talks ☐ Other _____
SPHINCTERS	☐ Urinates ☐ Defecates ☐ Turns right ☐ Turns left ☐ Other _____
BREATHING	☐ Stops for _____ ☐ Becomes raspy/noisy ☐ Other _____
BEHAVIOR AFTER	☐ Irritable ☐ Confused ☐ Drowsy ☐ Other _____

Parent/Guardian Signature _____ Date _____

Physician Referral and Information Form

(PLEASE PRINT CLEARLY)

Participant's Name: _____ DOB: _____/_____/_____

Participant's Primary Physician: _____

Participant's Desired Therapeutic Recreation Class(es):

_____

_____

MEDICAL INFORMATION **(TO BE COMPLETED BY A MEDICAL PROFESSIONAL)**:

Primary/Secondary Diagnosis (please check all that apply):

☐ ADD/ADHD	☐ Hearing Impairment	☐ Other: _____
☐ Arthritis	☐ Heart Condition	_____
☐ Autism	☐ Intellectual Disability	_____
☐ Cerebral Palsy	☐ Schizophrenia	_____
☐ Depression	☐ Seizure Disorder	_____
☐ Down Syndrome	☐ Visual Impairment	_____

In my professional opinion, this participant MAY participate in Therapeutic Recreation Programs conducted by the City of Suffolk's Parks and Recreation Department, which may include _____, (indicate limitations/restrictions below).

☐ YES, without restrictions ☐ YES, **with** restrictions (see below) ☐ NO

EXAMINER NOTES/RESTRICTIONS:

_____

_____ _____ _____

Physician's Signature Phone Number Date

I have read and understand this form and agree to adhere to any and all of the specific precautions recommended by my physician. I further agree that should the physical conditions or medication of the aforementioned individual change in any way I will immediately notify the City of Suffolk's Therapeutic Recreation Staff.

_____ _____

Participant/Parent/Guardian Signature Date