

Signature of Parent or Guardian: Permission for completion of form.

TEACHER INPUT FOR RECREATION INCLUSION

This form has been created so that the needs of your student can be met more effectively during recreation programs. If you have any questions about this form or the recreation programs please call Rick Weber, Division Head, Program & Community Services at 410-479-8120.

This information is confidential and will only be shared with recreation staff. Return to CCRP or phone us for pick-up.

Date: _____ Teacher Name: _____

Teacher daytime phone: _____ Evening phone: _____

Student's Name: _____ Age: _____

1. Student's Disability: *Please identify the program participant's disabilities in priority order. Note all that apply.*

| | | | |
|--|------------------------------------|--|-------------------------------|
| | Autism | | Mental Retardation |
| | Behavior Problems | | Multiple Sclerosis |
| | Blindness/Severe Visual Impairment | | Muscular Dystrophy |
| | Cerebral Palsy | | Orthopedic Impairment |
| | Cystic Fibrosis | | Specific Learning Disability |
| | Deafness Severe | | Speech/Language Impairment |
| | Hearing Impairment | | Spina Bifida |
| | Epilepsy/Seizure Disorder | | Spinal Cord Injury |
| | Head Injury | | Other Neurological Impairment |
| | Mental Disorder | | Other: |

2. Please rate the student's achievement in the following areas using the scale below. Please provide any details on the rating that would be helpful to the recreation programming staff in order to ensure a successful, rewarding experience for the student.

1=with no assistance; 2=some verbal skills; 3=non-verbal skills; 4=requires physical assistance; 5=complete physical assistance needed

| # Rating | Skill | Comments |
|----------|---------------------------------------|----------|
| | Able to wait turn without problem | |
| | Able to ask for help | |
| | Interaction within a group | |
| | Feels comfortable speaking in a group | |
| | Helps others with project or activity | |
| | Follows directions with ease | |
| | Able to make decisions on own | |
| | Able to complete project or activity | |
| | Knows what comes next on projects or | |

| Rating | Skill | Comments |
|--------|--|----------|
| | Overall motor coordination | |
| | Balance | |
| | Hand coordination | |
| | Leg and foot coordination | |
| | Able to express opinion in decision making | |
| | Speaks clearly | |
| | Speaks loudly | |
| | Looks directly at you when speaking | |
| | Dresses properly | |
| | Personal body care | |

3. Check the behaviors that are a concern:

| | | | |
|--|-------------------------|--|-------------------------------|
| | Withdrawn/shy | | Easily discouraged |
| | Hyperactive | | Runs away |
| | Short attention span | | Oppositional defiant |
| | Bites | | Manipulative |
| | Physically harms others | | Swipes |
| | Physically harms self | | Strays from telling the truth |
| | Other: | | |

Describe the best way (s) to manage the behavior (s): _____

4. Does the student take medication during the school year? ___ No ___ Yes If yes, please describe: _____

5. Please provide any recommendations for the inclusion of this student into general recreation programs

(behavior management, carryover skills from IEP): _____

6. Program participant's daily living skills: (check appropriate box)

| Task | Completely Independent | Needs Assistance | Completely Dependent |
|-----------|------------------------|------------------|----------------------|
| Eating | | | |
| Dressing | | | |
| Toileting | | | |
| Hygiene | | | |