



# SPECIAL NEEDS INFORMATION FORM

**Participant Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Participant Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Additional Contact Numbers:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact Other than Parent/Guardian:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## HEALTH INFORMATION

\_\_\_\_\_ Allergies\*, type/signs: \_\_\_\_\_

\_\_\_\_\_ Asthma\*

\_\_\_\_\_ ADD / ADHD

\_\_\_\_\_ Autism Spectrum Disorder (Asperger's, HFA, PDD)

\_\_\_\_\_ Cerebral Palsy or other Mobility Impairment: \_\_\_\_\_

\_\_\_\_\_ Diabetes\*, type: \_\_\_\_\_

\_\_\_\_\_ Down Syndrome

\_\_\_\_\_ Emotional/Behavioral Disability, type: \_\_\_\_\_

\_\_\_\_\_ Epilepsy/Seizures\*, type/frequency/triggers: \_\_\_\_\_

\_\_\_\_\_ Hearing Impairment, list accommodations: \_\_\_\_\_

\_\_\_\_\_ Heart Condition\*, type: \_\_\_\_\_

\_\_\_\_\_ Intellectual/Developmental Disability

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ Mental Health condition, type: \_\_\_\_\_

\_\_\_\_\_ Sensory Integration/Processing Disorder

\_\_\_\_\_ Speech Impairment

\_\_\_\_\_ Traumatic Brain Injury

\_\_\_\_\_ Vision Impairment, list accommodations: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\*For any condition starred above, please attach appropriate instructions or care plan.

For Dietary Restrictions, note type/description: \_\_\_\_\_

## MEDICATION INFORMATION

Please list any medication(s) the participant is currently taking (including asthma inhalers):

\_\_\_\_\_

\_\_\_\_\_

\*A **Medication Administration Form** is required for any participant who will take medication during a scheduled program.

## SCHOOL INFORMATION (if applicable)

Classroom type (regular, self-contained) and grade: \_\_\_\_\_

Special Education Services: \_\_\_\_\_ none; \_\_\_\_\_ Resource; \_\_\_\_\_ Self-contained classroom; \_\_\_\_\_ Speech/Lang therapy;

\_\_\_\_\_ Occupational Therapy; \_\_\_\_\_ Physical Therapy; \_\_\_\_\_ Counseling; \_\_\_\_\_ Orientation/Mobility; \_\_\_\_\_ Other

Parent/guardians are invited – but not required – to share a copy of the participant's IEP or Behavior Intervention Plan.

## GENERAL INFORMATION

Assistance

1. What type of direction/instruction works best with the participant?

- demonstration    visual (picture, sample)    verbal, 1-2 step    complex verbal

2. Does the participant need an accommodation or assistance with any of the following personal care needs?

- Dressing /Undressing:    no    yes; please describe \_\_\_\_\_  
Eating skills:    no    yes; please describe \_\_\_\_\_  
Bathroom skills:    no    yes; please describe \_\_\_\_\_  
Other hygiene:    no    yes; please describe \_\_\_\_\_

3. Describe the participant's mobility:

- Physically independent  
 Physically independent except for certain conditions (rough terrain, stairs, inclines, etc.)  
 Uses mobility equipment, type: \_\_\_\_\_  
 Lift-equipped vehicle is needed for transportation

Behavior

4. Please check any that may occur:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Social/talkative               | <input type="checkbox"/> Withdrawn                      | <input type="checkbox"/> Throws objects when upset |
| <input type="checkbox"/> Compliant                      | <input type="checkbox"/> Short attention span           | <input type="checkbox"/> Hurtful to others         |
| <input type="checkbox"/> Helpful                        | <input type="checkbox"/> High activity level            | <input type="checkbox"/> Eats non-edibles (pica)   |
| <input type="checkbox"/> Shy/quiet                      | <input type="checkbox"/> Manipulative                   | <input type="checkbox"/> Temper tantrums           |
| <input type="checkbox"/> Reluctant                      | <input type="checkbox"/> Easily discouraged/upset       | <input type="checkbox"/> Spits                     |
| <input type="checkbox"/> Keeps to self                  | <input type="checkbox"/> Excitable                      | <input type="checkbox"/> Causes harm to self       |
| <input type="checkbox"/> "Stims" (repetitive behaviors) | <input type="checkbox"/> Refuses activity/participation | <input type="checkbox"/> Verbally threatening      |

5. Please describe any behavior(s) checked above: \_\_\_\_\_

6. Please list any warning signs or triggers that may occur before any inappropriate behavior: \_\_\_\_\_

7. Please list successful calming techniques: \_\_\_\_\_

8. Please check any helpful behavior management techniques:

- Use firm voice.  
 Offer expected sequence (first \_\_\_\_\_, then \_\_\_\_\_)  
 Use visual cues (i.e. touch chair when asking to sit down)  
 Give transition cues prior to changing activities or routine.  
 Use "wait time" or provide timer/count down.  
 Use reward system; describe: \_\_\_\_\_  
 Other: \_\_\_\_\_

List any situations that should be avoided: \_\_\_\_\_

Communication

9. How does the participant understand information? (Verbally, sign language, pictures, demonstration)

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10. How does the participant communicate information? (Verbally, sign language, pictures, gestures/pointing)

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11. Will the participant seek help? \_\_\_\_yes; \_\_\_\_no  
If yes, in what way? \_\_\_\_\_

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Preferences

12. List any special interests or favorites the participant may have (activities, food, toys, songs, etc.):

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13. List any strong dislikes/fears/sensitivities the participant may have (noises, storms, foods/tastes, animals, etc.):

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Safety and Supervision

14. Will the participant wander and/or run from the group? \_\_\_\_yes; \_\_\_\_no  
If yes, under what conditions? \_\_\_\_\_

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15. What level of supervision does the participant require in the following situations?

Community/field trips:	<input checked="" type="checkbox"/> 1:1	<input type="checkbox"/> Minimal (1:3 ratio)	<input type="checkbox"/> Small Group (1:5 ratio)
Nature walks/hikes:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal	<input type="checkbox"/> Small Group
Pool/swimming:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Small Group
Transitions:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal	<input type="checkbox"/> Small Group
Using program supplies: (glue, paint, scissors, etc.)	<input type="checkbox"/> 1:1	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Small Group

Social Skills

16. How does the participant relate to peers?

____observes others	____tolerates interactions	____shares/takes turns
____initiates interaction	____cooperates	____converses

17. Will the participant sit quietly with the group for a p r o g r a m /movie/demonstration? \_\_\_\_yes; \_\_\_\_no

18. How does the participant relate to authority?

____listens	____follows directions	____needs choices	____resistant
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**This completed form is considered current for up to one year following the signature date.**

***Optional Release of Information***

\_\_\_\_I authorize staff in River Park Community Center to contact the participant's teacher (or other identified service provider) for more information about the participant.

Teacher/Service Provider Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Teacher/Service Provider Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Information**

All participants served by the *All Inclusive Programming* agree to follow **City of Naples** (Behavior Management, Confidentiality, Dress Code, Electronic Devices, Food, Illness/Injury, Late Pick-up, Personal Care, Photography/Video Waiver, Refunds) which can be found in the Summer Camp guide, or by requesting a copy from the River Park Camp at 239-213-3037.

1. In the case of medical emergency, the City of Naples program staff will seek appropriate medical care for the participant. Unless a parent/guardian is present, EMS or emergency responders will provide the necessary care and make decisions regarding transport to a hospital.
2. Only those medications which are medically necessary and cannot be scheduled outside the hours of the recreation program, will be given during the program. The participant must be able to administer/take the medication without assistance from staff. Additional forms must be submitted as required.
3. The program supervisor or camp director should be notified if the participant has (or contracts) a contagious disease. This information will remain confidential.
4. The parent/guardian acknowledges that the participant is capable of participating in the recreational programs/activities for which they are registered.
5. There may be additional forms required for participation, as requested for the *All-Inclusive Programming*.
6. *For All Inclusive Programming Only*, staff reserve the right to release the participant from the program if circumstances occur that are not in the participant's or program's best interest. Circumstances include, but are not limited to, safety concerns or extensive behavior support needs.
7. *For All Inclusive Programming Only*, annual renewal of this form is required to participate in these programs/camps. Notify River Park Community Center of any changes during the cycle year.

Waiver: I, the undersigned, will indemnify, defend and hold harmless the City of Naples, its agents, employees, officers, servants, instructors, volunteers and any and all other associates, from and against any and all actions, in law or in equity, from liability or claims for damages, demands or judgments to any person or property which may result now or in the future, including all injuries that may be suffered by me or my child, children or guardianship. I understand that this waiver includes any claims based on negligence, action or inaction of any of the parties. The undersigned further expressly agrees that the foregoing release, waiver, and indemnify agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. In addition, I and/or my child agree to follow all the rules and regulations of the Summer Camp Program and understand that my child may be suspended from Camp for violations of the stated rules. I also give permission for my child to go on any field trips and off property excursions during the camp program. I understand and agree that my child may be photographed during participation in this program and that said photographs may be used for promotion of our program and/or the media. I, the undersigned, have read and voluntarily signed the release and waiver of liability and indemnity agreement, and further agree to no oral representations, statements, or inducements apart from the foregoing written agreement have been made. *I will be responsible for all payments due.*

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**ADULT, PARENT or GUARDIAN SIGNATURE** **DATE**