

INCLUSION SUPPORT INFORMATION FORM

Date: _____

Participant's Name: _____

Parent/Guardian's Name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

➤ (dis)Ability: _____

➤ Does the participant use any assistive devices (i.e.: wheelchair, braces, etc.)? Yes _____ No _____

Please explain: _____

➤ Does the participant have seizures? Yes _____ No _____

Type: Grand Mal _____ Petit Mal _____

If a seizure occurs, what actions should be taken by staff? _____

➤ What recreation and leisure activities does the participant enjoy?

➤ Has the participant been involved in recreation programs with the Village of Kingston before? Yes _____ No _____

➤ Please provide information where applicable in each of the following areas to assist us in providing the best possible support:

Behaviour: _____

Communication: _____

Gross/fine motor skills: _____

Mobility: _____

Attention: _____

Ability to follow directions: _____

Personal Care (Educational Assistant Support?) _____

Hearing: _____

Vision: _____

Sensory: _____

Safety: _____

Comfort in a social setting: _____

Mental health information: _____

Other: _____

Techniques/methods of managing any of the above: _____

Here at the Kingston Day camp, we strive to have an inclusive environment that is boundary-free for any and all campers. Completing this form thoroughly will allow us to ensure we are prepared and have any necessary measures in place before your camper arrives. This will help us to make sure your camper has an amazing experience with us.