

Participant Modification Information (PMI) Form Adaptive and Inclusive Recreation (AIR)



Background Information

Participant Name:		Nickname:		Date of Birth:
Parent(s)/Guardian(s) Name(s):		Parent(s)/Guardian(s) Email(s):	Parent(s)/Guardian(s) Phone(s):	
Address:			Have you received inclusion services before? If so, when?	
Person Completing This Form:		Relationship to participant:	Date completed:	
Allergies/Medical Precautions:		Diagnosis/Diagnoses/Disability/Behavior: <p style="text-align: center;"><i>(This information will be removed when sharing with program staff)</i></p>		
Does the participant take medications? If so, please list medication, reason for taking, and side effects:				
Does the participant require medication during the program? <i>(A medication form must be on file at the site where the activity is to be held before medication can be taken during an activity. Site staff-not the inclusion counselor- will store and give out medication.)</i>				
Language(s) spoken at home:				
Preferred Recreational Activities:		Non-preferred Recreational Activities:		

Motivators:

- General Goals:**
- To develop appropriate social interactions with peers and staff
 - To positively participate in activities while remaining on task for 5-10 minutes
 - To develop effective ways to manage emotions with appropriate coping skills
 - To respond to verbal and non-verbal staff instructions the first time they are asked

Communication Methods		Comments
Spoken Voice	<input type="checkbox"/>	
Sign Language (ASL or SEE)	<input type="checkbox"/>	
Augmentative and Alternative Communication Device	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Using preferred method of communication, he/she can:	Independently	With Partial Assistance	With Total Assistance	Comments
Communicate clearly in all domains (be understood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Request help with a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicate personal needs (bathroom, hunger, pain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Social	Independently	With Partial Assistance	With Total Assistance	Comments
Socially interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiates conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please list preferred topics of conversation:</i>
Maintains conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allows other to take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Behavioral Cues

Please check any of the following types of triggers that staff should be aware of in order to provide proactive support.

<input type="checkbox"/> Transitions	<input type="checkbox"/> Sharing	<input type="checkbox"/> Noise
<input type="checkbox"/> Hunger	<input type="checkbox"/> Touch	<input type="checkbox"/> Large Space
<input type="checkbox"/> Small Space	<input type="checkbox"/> Authority	<input type="checkbox"/> Not getting their way
<input type="checkbox"/> Unannounced change in schedule or routine	<input type="checkbox"/> Light	<input type="checkbox"/> Temperature
<input type="checkbox"/> Certain time of day	<input type="checkbox"/> Heights	<input type="checkbox"/> Other

Comments

Please use the space below to share any additional information about what you have checked above.

Behavior	Independently	With Partial Assistance	With Total Assistance	Comments
Uses appropriate language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keeps hands and feet to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses supplies and/or equipment properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helps with a task when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can cope with being told "no"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacts positively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Likes to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can stay on task for a preferred activity for 10+ minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Can stay on task for a NON- preferred activity for 10+ minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Activities of Daily Living	Independently	With Partial Assistance	With Total Assistance	N/A	Describe assistance needed <i>(Leave blank if N/A)</i>
Uses a wheelchair or other mobility device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please list or describe mobility device(s):</i>
Ability to transfer to and from wheelchair or other mobility device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognize the need to use restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using the restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>If you indicated that assistance is needed, we will send you a toileting permissions form.</i>
Other					

Participant can:	Independently	With Partial Assistance	With Total Assistance	Comments
Follow 1-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows 2-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows multi-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please let us know if your participant learns best visually, with physical prompting, etc.				

Recreation						
Please check all that can be done independently and provide any additional supports needed in comments section.						
Movement	balance when standing <input type="checkbox"/>	balance when walking <input type="checkbox"/>	can jump with two feet <input type="checkbox"/>	can hop on one foot <input type="checkbox"/>	can tumble/roll <input type="checkbox"/>	Comments:
Art	holds writing utensil <input type="checkbox"/>	uses scissors <input type="checkbox"/>	uses glue appropriately <input type="checkbox"/>	knows colors <input type="checkbox"/>	comfortable being messy <input type="checkbox"/>	Comments:
Sports	catch a ball <input type="checkbox"/>	kick a ball <input type="checkbox"/>	hit a target (aim) <input type="checkbox"/>	run <input type="checkbox"/>	Uses sports equipment as intended <input type="checkbox"/>	Comments:
Other						

Safety Awareness	Independently	With Partial Assistance	With Total Assistance	Comments
Will stay with the group during an activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will stay with the group during transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will stay with the group during downtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognizes danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can safely cross a busy street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is safe with self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can communicate name and phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please explain preferred method of communicating this information:</i>

Recommendations for Support		
Please check all that apply.		
<input type="checkbox"/> Social stories	<input type="checkbox"/> Verbal prompts	<input type="checkbox"/> Physical prompts
<input type="checkbox"/> Hand over/under hand prompting	<input type="checkbox"/> Modeling	<input type="checkbox"/> Peer buddy
<input type="checkbox"/> Visual cues	<input type="checkbox"/> Visual schedule	<input type="checkbox"/> Timer
<input type="checkbox"/> Incentives	<input type="checkbox"/> Other:	

Special Interests/Comments

Please use this space to make us aware of anything else that will help best support your participant such as activities of interest and supports being used at school and/or home.

The information provided above will be used to create an individualized modification plan and will be shared with pertinent staff to help facilitate a positive recreational experience. The modification plan is an on-going document and can always be updated or changed as program specific needs arise. We make every effort to maintain confidentiality.

By completing and submitting this form, you are indicating that the information listed above is accurate and you are granting the Greensboro Parks and Recreation Adaptive and Inclusive Recreation section permission to share this information (electronically or verbally) with any pertinent staff.

Goals

Please use this space to provide us with 2 goals you would like your participant to work towards in this program.