



Therapeutic Recreation Program Participant Annual Information Form

STAFF USE ONLY
Date of Form: _____

GENERAL INFORMATION

Participant's Name: _____ Date of Birth: ___/___/___ Gender: _____
 Address: _____ City: _____ Zip: _____
 Guardian Name(s): _____ Email: _____
 Primary Phone: _____ Type: Home / Cell / Work / Other: _____
 Secondary Phone: _____ Type: Home / Cell / Work / Other: _____
 Non-parent/guardian Emergency Contact: _____ Phone: _____
 Relationship to Participant: _____
 Living Situation (check one): ___ Independent Living ___ Family ___ Group Home ___ Supervised Apartment
 Employment status: ___ Not Employed ___ Part or Full Time Employer: _____
 Primary Disability: _____ Add'l Disabilities: _____

MEDICAL/PHYSICAL INFORMATION

Medications (please list/use additional pages as needed): _____

Medication Supervision: ___ No meds taken during program ___ Independent ___ Takes meds with reminders
 ___ Staff must administer ***If staff need to administer medication, a Medication Permission form must be submitted.***

Other Medical Concerns	Yes	No	Please explain.
Asthma			
Diabetes			
Diet Restrictions			
Allergies			
<i>If yes, Epi Pen required?</i>			
Eyeglasses			
Hearing Aid(s)			
Any issues with immune system, heart/blood, head injury?			
Can recognize and report pain			
Ambulates independently			
<i>If uses assistive device(s): Cane Crutches Walker Manual Wheelchair Power Wheelchair</i>			
<i>If participant uses a wheelchair, assistance required for transfers? ___ Yes ___ No</i>			
<i>Indicate level of assistance with transfers: _____</i>			
<i>Level of wheelchair independence: ___ Independent ___ Needs assistance with hills ___ Needs full assistance</i>			

Additional Comments (use additional pages as necessary): _____

Has the participant ever had a seizure? ___ Yes ___ No If so, date of most recent: _____
 Any known triggers? _____

If client has an active seizure diagnosis, a current Seizure Care Plan must be submitted.

List any psychological conditions (i.e. anxiety, depression, OCD, etc.): _____

BEHAVIORAL INFORMATION *What is the best method of assistance?*

Verbal Prompts	Peer Buddy	Hand-over-Hand
Demonstrations	Physical Prompting	Encouragement

Other/Please Explain: _____

GENERAL FITNESS LEVEL *What is the participant's tolerance level of the following activities?*

	0-15 minutes	15 minutes – 45 minutes	More than 45 minutes
Standing/Being Stationary			
Walking/Moving			
High Exertion Activities (stairs, hills, distances)			

Please explain: _____

SELF-CARE / LIFE SKILLS *Regarding self-care/life skills, the participant needs this level of assistance:*

	No Assistance/ Independent	Minimal Assistance	Full Assistance	Explain
Eating				
Dressing				
Toileting				
Street Safety				
Money Management				

SOCIAL INFORMATION *Please check all that apply.*

<input type="checkbox"/> Interacts with peers	<input type="checkbox"/> Does not interact with peers	<input type="checkbox"/> Prefers to be alone
<input type="checkbox"/> Tends to be shy	<input type="checkbox"/> Tends to be outgoing	<input type="checkbox"/> Prefers small groups (less than 12)
<input type="checkbox"/> Tolerates large groups (13+)	<input type="checkbox"/> Wanders from group	<input type="checkbox"/> Runs from the group
<input type="checkbox"/> Enjoys being part of the group	<input type="checkbox"/> Tolerates higher noise levels	<input type="checkbox"/> Generally-positive demeanor

Please Explain: _____

What are good strategies for encouraging positive behaviors/addressing negative behaviors? _____

Please list any participant phobias/fears (i.e., fear of dogs/animals, heights, water, etc.): _____

Please list any triggers (noisy environment, airplanes, fans, flashing lights, etc.) that might cause unwanted behaviors (fixation, distraction, tantrums, crying, etc.): _____

Does the participant act out? ___ No ___ Yes *If yes, known triggers:* _____

NON-TRP RECREATION INFORMATION

Please list any recreation/leisure activities the participant particularly likes/dislikes, including cultural/religious activities: _____

What are 1-2 measurable goals for TRP participation? _____

RELEASES AND WAIVERS *Please check either Yes or No. This section required.*

___ Yes ___ No **I hereby give permission for photographs, stories and recordings of myself or my child to be featured in marketing efforts (including print, website, digital and social media) of the City of Colorado Springs Recreation Services Division and their agents/partners.**

___ Yes ___ No **Registrant has authorization to ride a PRCS vehicle for field trips/programs.**

Participant/Parent/Guardian: _____ Date: _____