



# Frederick County Parks and Recreation

## Friday Night Rec Program

### HEALTH AND SKILLS FORM



#### Participant Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Guardianship: Check which applies  Self  Other \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section 1: Health and Medical

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID/Group #: \_\_\_\_\_

Project Lifesaver ID# \_\_\_\_\_ Project Lifesaver Frequency # \_\_\_\_\_

#### Primary disability, as diagnosed by a physician:

- ADD or AD/HD**
  - Asperger's**
  - Autism**
  - Brain Injury**
  - Other** \_\_\_\_\_
  - Developmental Disability**
  - Down's Syndrome**
  - Emotional/Behavioral Disorders**
  - Mental Health**
  - Stroke**
  - Spina Bifida**
  - Spinal Cord Injury**
  - Cerebral Palsy**
- Secondary disability (as diagnosed by a physician)** \_\_\_\_\_

#### Allergies:

Check all that apply & provide specific information in space provided

- N/A**
- Food**  **Medication**  **Environmental** (i.e., seasonal, dust, etc.)  **Latex:**  **Other:**

#### Instructions if allergic reaction occurs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### SUPERVISION LEVEL KEY:

- |  |  |
|--|--|
| <b>1</b> No/Minimal Supervision Needed                 | <b>2</b> Moderate Supervision Needed                 |
| <b>3</b> Moderate Supervision with Moderate Assistance | <b>4</b> Full Supervision with One-On-One Assistance |

**Medication Management:** *Please mark participant's skill level with self – medication*

- 1**       **2**       **3**       **4**

**Participant is able to give consent for medical treatment in the event of an emergency:**       **Yes**    **No**

**Participant is able to accurately recognize symptoms of illness:**       **Yes**    **No**

### Section 2: Nutrition & Diet

**Prescribed / Modified Diet:** *Please provide special instructions in the space provided.*

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> <b>Diabetic</b>    | <input type="checkbox"/> <b>Caffeine Free</b> | <input type="checkbox"/> <b>Pureed</b>      | <input type="checkbox"/> <b>Portion Control</b> | <input type="checkbox"/> <b>Lactose Free</b> |
| <input type="checkbox"/> <b>Gluten Free</b> | <input type="checkbox"/> <b>Reduced Fat</b>   | <input type="checkbox"/> <b>Small Bites</b> | <input type="checkbox"/> <b>Tube Fed</b>        | <input type="checkbox"/> <b>Low Sodium</b>   |

**Foods to avoid:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

### Nutrition Management:

- |                                 |                                   |                                   |                                   |                                   |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Choosing and ordering meals:    | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Cutting food:                   | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Can feed self:                  | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Eats at a reasonable pace:      | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Chews food completely:          | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Can follow prescribed diet:     | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Knows foods to avoid:           | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Can inform others of allergies: | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |

### Section 3: Personal Care

Uses a child's diaper:       **Yes**       **No**

Uses a modified adult undergarment:       **Yes**       **No**

- |                                   |                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Identifies appropriate restroom:  | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Initiates use of toilet:          | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Can manipulate clothing:          | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Can transfer on/off of toilet:    | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Able to support self on toilet:   | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Able to wipe after use of toilet: | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Will clean hands after use:       | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |
| Females: Care of menstrual needs: | <input type="checkbox"/> <b>1</b> | <input type="checkbox"/> <b>2</b> | <input type="checkbox"/> <b>3</b> | <input type="checkbox"/> <b>4</b> |

**SUPERVISION LEVEL KEY:**

- 1 No/Minimal Supervision Needed
- 2 Moderate Supervision Needed
- 3 Moderate Supervision with Moderate Assistance
- 4 Full Supervision with One-On-One Assistance

**Section 4: Behavioral Support**

**Behavioral triggers can be:** *Please provide explanations of triggers & how to address behavior in section below.*

- Loud Noises
- Large/Open Spaces
- Internal Temperature (hot/cold)
- Weather
- Odors / Smells
- Crowded Places
- Flashing / Bright Lights
- Other: \_\_\_\_\_

**Currently utilizes a behavioral plan:**  Yes  No

**If YES, will you share plan with staff?**  Yes  No

**Behavioral Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe any positive or negative mannerisms of the participant:**  
*(Example: Always carries a backpack, always wears a jacket, cannot wait in line, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 5: Communication**

- Able to state full name:  Yes  No
- Responds to name consistently:  Yes  No
- Speaks and is understood:  Yes  No
- Communicates needs and wants:  Yes  No
- Uses sign language:  Yes  No
- Uses an electronic communicator:  Yes  No
- Can tell time:  Yes  No
- Able to read:  Yes  No
- Able to write:  Yes  No
- Able to follow one-step directions:  Yes  No
- Able to follow two-step directions:  Yes  No
- Able to follow multiple step directions:  Yes  No
- Appropriate social interactions:  Yes  No

At what level? \_\_\_\_\_

(If answer is NO, please describe below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISION LEVEL KEY:**

**1** No/Minimal Supervision Needed

**2** Moderate Supervision Needed

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**Section 6: Money Management**

- Able to identify cost of items:       **1**             **2**             **3**             **4**
- Able to manage spending money:       **1**             **2**             **3**             **4**
- Able to carry personal wallet/purse:       **1**             **2**             **3**             **4**

**Section 7: Safety & Mobility**

- Recognizes general safety:       **1**             **2**             **3**             **4**
- Able to cross streets safely:       **1**             **2**             **3**             **4**
- Maneuvering in crowds:       **1**             **2**             **3**             **4**
- Boarding and departing vehicles:       **1**             **2**             **3**             **4**
- Uses stairs:       **1**             **2**             **3**             **4**
- Supervision in a community setting:       **1**             **2**             **3**             **4**
- 
- Adapts to crowded/noisy areas:       **Yes**             **No**
- May wander from group:       **Yes**             **No**
- Wears GPS tracking device:       **Yes**             **No**
- Able to seek assistance if lost:       **Yes**             **No**
- Can verbalize home address:       **Yes**             **No**
- Can verbalize home phone number:       **Yes**             **No**
- Able to seek medical attention:       **Yes**             **No**
- Carries an emergency card:       **Yes**             **No**
- Carries state issued ID card:       **Yes**             **No**

**Swimming:**

- Able to swim:       **Yes**             **No**             **Beginner**     **Moderate**     **Advanced**
- Needs personal flotation device:       **Yes**             **No**
- Able to apply sunscreen:       **Yes**             **No**

**Section 8: ADA Statement**

**ADA Policy:**

If you require a reasonable accommodation for any type of disability in order to participate in Friday Night Rec Activities, please contact Erin Kleintop 301-600-2983.

## Section 9: Recreation / Leisure Interests

**Complete this recreation / leisure interest using the following scale:**

**1**=Strongly Interested      **2**=Interested      **3**=Neutral      **4**=Not Interested      **5**=Strongly Disinterested

Camping:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Bicycling:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fishing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Canoeing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Horseback riding:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Rafting:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Swimming:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Rock climbing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Bocce ball:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Basketball:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Miniature golf:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Bowling:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Yoga / aerobics:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Shooting pool:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dancing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Hiking:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Crafts:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Music:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting / Drawing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Movies:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Puppetry:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Karaoke:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Drama:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Restaurants:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Clowning:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Sports events:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Social Events:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Musicals:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cooking:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Video Gaming:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By signing below, I confirm that all information provided on this form is, to my knowledge, accurate and current.*

\_\_\_\_\_  
**Signature of Participant** (if own guardian) **or Parent/Guardian** \_\_\_\_\_  
**Date**

## Section 10: Office Use Only!

**Participant Level:**     1                       2                       3                       4

**Staff Copies Made:**     Yes                      **Database Updated:**     Yes                      **Activenet Updated:**     Yes

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail your completed Health Skills Form to the Parks and Recreation Office:  
 355 Montevue Lane, Suite 100, Frederick, MD 21702 or bring with you on the first day of the program**