



CONFIDENTIAL

Return Complete Forms to:
 Frederick County Parks and Recreation
 355 Montevue Lane, Suite 100
 Frederick, MD 21702
 Phone: 301-600-2936 FAX: 301-600-2595

Disability Accommodation Form

Date Complete: _____ (Expires 1 year from date completed)

Section 1	Personal Information		
Participant Name	Age	Date of Birth	
Parent/Guardian	Address	Home Phone#: Work Phone#: Cell #:	
Participant's Disability(s) i.e. autism, ADHD, blind, deaf, etc.		Emergency Contact Person: Phone#: Work #:	

Section 2	Health Information		
A. Medical conditions (diabetes, Seizures {see part B} , asthma, Allergies). Will it limit participation?		Are there any dietary restrictions or food allergies/intolerance?	
Medications or uses medication devices/procedures		Will the participant require medication distribution during program hours? If yes, a medication authorization form must be completed and signed by your physician.	
B. Type(s) of Seizure	Date of Last Seizure	List Medications (s) and give usual treatment needed	
Duration		Warning Signs	

Section 3	Communication
What is the participant's primary means of communication (i.e. speech is clear, gestures, sign language, difficult to understand, limited means of communication)?	

Section 4	Activities of Daily Living			
Please mark an X by the appropriate response	Independent	Needs some assistance	Needs full assistance	Comments (i.e. assistive devices)
Mobility				
Transfers from wheelchair				
Eating				
Dress/undress				
Toileting				

Section 5	Participant Behavior		
A. Comment briefly on the participant's general behavior and moods (i.e. happy, cautious, shy, etc.)			
B. Does the participant exhibit any of the following behaviors?			
Behavior	Yes or No	Comments	
Withdrawn/Shy			
Easily discouraged			
Hyperactive			
Runs away			
Short Attention Span			
Easily Distracted			
Bites			
Physically harms self/others			
Manipulative			
Other			
C. Is there a behavior management plan in place (circle one)? Yes No – Yes; please explain and/or attach a copy.			
D. What are some motivations for the participant? (i.e. verbal praise, stickers, etc.)			
E. Does the Participant have any strong fears? (i.e. thunderstorms, bees, dogs, etc.)			

Section 6	Safety		
(Please check all that apply)			
<input type="checkbox"/>	Will stay with group	<input type="checkbox"/>	Recognizes danger
<input type="checkbox"/>	Communicates name and phone #	<input type="checkbox"/>	Swims Independently
<input type="checkbox"/>	Responsible for own belongings	<input type="checkbox"/>	Follows Directions

Section 7	Recreation						
A. Please describe any activities in which the participant may require special assistance (i.e. cutting)?							
B. Best method of assistance (check all that apply)							
<input type="checkbox"/>	Pre-teaching	<input type="checkbox"/>	Verbal Prompts	<input type="checkbox"/>	Peer Buddy	<input type="checkbox"/>	Hand-over-Hand
<input type="checkbox"/>	Demonstrations	<input type="checkbox"/>	Physical Prompts	<input type="checkbox"/>	Equipment/Adaptations	<input type="checkbox"/>	Other
Comments:							
C. Are there any activities the participant particularly likes/dislikes?							
+							
-							
D. Does the participant take part in water activities? Participant is a ___ Non-swimmer ___ Beginning Swimmer ___ Intermediate Swimmer <i>Note: Participants that have Seizures are required to wear a life jacket.</i> Required to wear a life jacket? Y N							
E. Do you have concerns about participation in traditional program activities and celebrations?							
F. Is this the first Frederick County recreation experience for the participant? Yes No If No, what was the name of the last program?							
G. Has the participant taken part in inclusive settings (i.e. school, girl scouts, church, community)? Yes No If yes, please describes?							
H. What are your expectations for the participant in the program? (i.e. increase socialization, skill development)							

