

Athens-Clarke County Leisure Services Department

Therapeutic Recreation Programs Participant Information Form

Please complete this form and return to: Brandon Bartlow, CTRS at 205 Old Commerce Rd Athens, GA 30607 or e-mail to brandon.bartlow@accgov.com. If you need assistance in completing this form, please contact Brandon Bartlow, CTRS at (706)613-3800.

In order to better meet the participant's needs, please fill out the following information completely.

Date: _____

Participant's Name: _____ Age: _____ Gender: _____

Address: _____

Phone Number: _____ Secondary Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian e-mail address: _____

Secondary Contact if Parent/Guardian Unavailable

Name: _____ Phone Number: _____

Please List all Conditions that may Affect Recreation/Leisure Participation: _____

Does the Participant Require any of the following equipment? (Please check all that apply)

Contact Lenses **Dentures** **Glasses** **Hearing Aids** **Orthopedic Devices**
Oxygen **Catheter** **Visual Cane** **Prosthesis** **Other:** _____

For Participant's Mobility (Please check all that apply)

Walks without assistance **Walks with supervision/guard assistance** **Manual Wheelchair**
Power Wheelchair **Cane/Crutches** **Walker** **Braces** **Other:** _____

For Participant Communication (Please check all that apply)

Speaks Fluently **Able to Read** **Able to Write** **Uses Gestures**
Uses Sign Language **Fragmented Speech** **Non-Verbal** **Uses Communication System**

Other: _____

For Participant Safety Considerations/Awareness (Please check all that apply)

Able to Follow Safety Instructions **Able to Recognize Dangers** **Runs Away from Groups**
Poor Safety Awareness **Excited by Danger** **Acoustic Agitations** **Other:** _____

Participant Personality/Behaviors (Please check all that apply)

Agreeable **Active** **Aggressive** **Argumentative** **Cooperative** **Passive**
Social **Appropriate** **Sensitive** **Anxious** **Depressed** **Manipulative**
Emotional **Stubborn** **Cautious** **Tantrum** **Withdrawn** **Other:** _____

*For behavioral management, are there any techniques that work best to calm/re-direct participant?

Please Explain: _____

***Please Note:** *Athens-Clarke County Leisure Services Department employees are only able to provide reasonable accommodations for behavioral management and all participants will be held to the standards of the ACC Leisure Services Department Code of Conduct.*

For Participant Social Interactions (Please check all that apply)

Interacts appropriately with others **Agitated around others** **Enjoys group settings**
Initiates conversations **Prefers to be alone** **Responds well to adults**
Does not tolerate loud noises **Shy in group settings** **Other:** _____

Participant Medical Precautions/Concerns (Please check all that apply)

Diet Seizures Diabetes Allergies Injuries Pain Incontinence
Coordination Balance Gait Problems Swallowing Weakness
Cognitive Concerns Emotional Concerns Other: _____

Please further explain concern circled above _____

****Please Note:** Athens-Clarke County Leisure Services Department employees are unable to distribute routine medications and/or assist with toileting.*

For Participant Swimming Experience (Please check all that apply)

Swims Independently Unable to Swim Swims with Life Jacket Fears Water
Enjoys Swimming Wears Ear Plugs Wears Goggles Understands Pool Rules

Able to Swim with Assistance, Please Explain: _____

Does the Participant Require the use of a Service Animal? **YES** **NO**

If YES, please explain services the animal is providing to the participant: _____

Does the Participant Require an American Sign Language interpreter? **YES** **NO**

Possible Barriers to Leisure Participation (Please check all that apply)

Motivation	Anxiety	Cognitive Skills	Communication	Weakness	Pain
Attitude	Mobility	Self-Confidence	Social Skills	Behaviors	Time

Other: _____

Please List Activities in which Participant Enjoys: _____

Please List Activities in which Participant DOES NOT Enjoy: _____

Please List any Goals for Participation: _____

**PLEASE COMPLETE THE FOLLOWING INFORMATION TO REQUEST ACCOMODATIONS/MODIFICATIONS
OR ANXILLARY SERCVIVES TO BE PROVIDED BY LESIURE SERVICES DEPARTMENT**

***Please Note:** *Accommodations such as 1:1 services cannot be guaranteed and are reserved for individuals participating in Non-Therapeutic Recreation community programs.*

Please describe the accommodations being requested: _____

Please describe participant's condition that justifies this request: _____
