



PARTICIPANT PROFILE

Participant Profiles are designed to ensure a successful program experience for the participant and staff. Details listed in the participant profile are kept confidential and will only be provided to the staff working directly with a participant.

Participant Information			
First Name:		Last Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	<input type="checkbox"/> New Participant	<input type="checkbox"/> Returning Participant
Program/Year Attending:			

Home Phone Number:		Will someone be home during the day: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:			
Primary Contact First Name:	Primary Contact Last Name:	Phone Number:	Relationship to Participant:
Secondary Contact First Name:	Secondary Contact Last Name:	Phone Number:	Relationship to Participant:

Emergency Contact Information			
Contact First Name:	Contact Last Name:	Phone Number:	Relationship to Participant:
Contact First Name:	Contact Last Name:	Phone Number:	Relationship to Participant:

Medical Information
Does the participant have a medical diagnosis or a physical disability?
<input type="checkbox"/> No – if no, please confirm if a participant profile is required.
<input type="checkbox"/> Yes – if yes, please provide any relevant details you would like to share
Does the participant take any medications?
<input type="checkbox"/> Not applicable
<input type="checkbox"/> Yes, medications are administered at home
<input type="checkbox"/> Medications will be administered by the External Support Worker
Please provide additional details to better assist the participant:
Does the participant have any allergies? Please describe and indicate what assistance is required.
<input type="checkbox"/> Not applicable
<input type="checkbox"/> Mild allergies that will not affect participation (seasonal allergies or food sensitivities)
<input type="checkbox"/> Severe allergies, anaphylactic reaction, requiring immediate medical attention (auto injector and 911) Please list allergies and explain in more detail:
<small>*Additional medical forms to be completed</small>
Does the participant have any impairments? Please describe and indicate what assistance is required.
<input type="checkbox"/> Not applicable
<input type="checkbox"/> Visual
<input type="checkbox"/> Hearing
<input type="checkbox"/> Physical
Please provide additional details to better assist the participant:
Does the participant experience seizures or have in the past? Please describe and indicate what assistance is required.
<input type="checkbox"/> Not applicable
<input type="checkbox"/> Seizures controlled by medication



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<input type="checkbox"/> Frequent seizures activity
<input type="checkbox"/> Unpredictable seizures
Please provide additional details to better assist the participant:

Personal Care			
Please note: An External Support Worker may be required if the participant is unable to complete tasks independently.			
Feeding	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Assistance Required	<input type="checkbox"/> Unable – external worker may be required
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Assistance Required	<input type="checkbox"/> Unable – external worker may be required
Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Assistance Required	<input type="checkbox"/> Unable – external worker may be required
Lifting items	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Assistance Required	<input type="checkbox"/> Unable
Please provide additional details to better assist the participant:			

Swimming Ability			
What is the participant comfort in the water - please check all that apply			
<input type="checkbox"/> Unable to swim	<input type="checkbox"/> Shallow End	<input type="checkbox"/> Life Jacket Required	<input type="checkbox"/> Deep End <input type="checkbox"/> Life Jacket Required
<input type="checkbox"/> Weak Swimmer	<input type="checkbox"/> Shallow End	<input type="checkbox"/> Life Jacket Required	<input type="checkbox"/> Deep End <input type="checkbox"/> Life Jacket Required
<input type="checkbox"/> Moderate Swimmer	<input type="checkbox"/> Shallow End	<input type="checkbox"/> Life Jacket Required	<input type="checkbox"/> Deep End <input type="checkbox"/> Life Jacket Required
<input type="checkbox"/> Strong Swimmer	<input type="checkbox"/> Shallow End	<input type="checkbox"/> Life Jacket Required	<input type="checkbox"/> Deep End <input type="checkbox"/> Life Jacket Required
Please provide additional details to better assist the participant:			

Mobility and Motor Skills					
Does the participant have any mobility concerns? Please check all that apply					
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	<input type="checkbox"/> Stroller	<input type="checkbox"/> Crutches	<input type="checkbox"/> Wagon
<input type="checkbox"/> Scooter	<input type="checkbox"/> Other	Please explain:			
Does the participant require assistance with fine motor skills?					
<input type="checkbox"/> No, can use crayons, scissors, beads, do up buttons, tie shoes, etc.					
<input type="checkbox"/> Not usually, tasks can be difficult and may need more time to complete					
<input type="checkbox"/> Yes, needs hand over hand assistance with most tasks					
Please provide additional details to better assist your participant:					
Does the participant require assistance with gross motor skills:					
Balance	<input type="checkbox"/> Independent	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Unable		
Walking	<input type="checkbox"/> Independent	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Unable		
Running	<input type="checkbox"/> Independent	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Unable		
Swimming	<input type="checkbox"/> Independent	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Unable		
Please provide additional details to better assist the participant:					

Social and Communication Skills
How does the participant communicate with others?
<input type="checkbox"/> Fully Verbal – can use full sentences



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<input type="checkbox"/> Verbal – limited vocabulary; uses key words, gestures, and phrases
<input type="checkbox"/> Non-verbal - unable to communicate verbally, may use alternative communication methods
Please provide additional details to better assist the participant:
Please describe the participants receptive language skills:
<input type="checkbox"/> Level of understanding is typical of child's age, no adaptations needed
<input type="checkbox"/> Responds best to short phrases and repetition, use verbal prompting and simple vocabulary
<input type="checkbox"/> Requires gestures and physical prompting in addition to verbal communication
<input type="checkbox"/> Has difficulty, needs alternative methods of communication (ie. visual aids)
Please provide additional details to better assist the participant:
What is the best way to deliver directions/instructions to the participant? Please check all the apply
<input type="checkbox"/> Ensure eye contact before giving directions/instructions
<input type="checkbox"/> Give directions/instructions wait a minute or two and repeat again
<input type="checkbox"/> First and then statements
<input type="checkbox"/> Use visuals / gestures / physical prompting
Please provide additional details to better assist the participant:

Sensory Needs
Is the participant comfortable in a variety of different environments/settings: indoor, outdoor, loud, busy, etc.
<input type="checkbox"/> Yes – they are comfortable
<input type="checkbox"/> Yes – in most situations, can be easily redirected with verbal prompts
<input type="checkbox"/> This can be challenging – may need preparations and warning before entering a new space, may need breaks or walks.
Please provide additional details to better assist the participant:
Would the participant benefit from using the Snoezelen Room? – CCRW specific
<input type="checkbox"/> Yes – would greatly benefit
<input type="checkbox"/> No – Does not enjoy the space
<input type="checkbox"/> Has never used the space before

Transitions
How is the participant with changes to routine?
<input type="checkbox"/> Accepts minor changes easily – responds well to reminders and preparations for changes in the schedule.
<input type="checkbox"/> Needs 1:1 direction and assistance to prepare for changes in routine/transition – advance warning and time to adjust to changes
<input type="checkbox"/> This can be challenging – may need preparations and warning before entering a new space, may need breaks or walks.
Please provide additional details to better assist the participant:
How is the participant with transitions between rooms and activities?
<input type="checkbox"/> Able to transition smoothly with the group
<input type="checkbox"/> Needs to be warned and reminded of transitions ahead of time
<input type="checkbox"/> This can be challenging – may need preparations and warning before entering a new space, may need breaks or walks.
Please provide additional details to better assist the participant:



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Does the participant have tendency to wander or run off?
<input type="checkbox"/> Not applicable
<input type="checkbox"/> Not typically – may need reminders to stay with the group
<input type="checkbox"/> Yes - wanders frequently and needs reminders to stay with the group
<input type="checkbox"/> Yes – would be considered a flight risk and needs direct supervision at all times
Please provide additional details to better assist the participant:
Does the participant have a safety plan at school?
<input type="checkbox"/> Not applicable
<input type="checkbox"/> Yes
Please provide additional details to better assist the participant:

Behaviour

Has the participant ever been physically aggressive towards others – hitting, biting, scratching, hair pulling, kicking, throw objects, head butting, etc.
<input type="checkbox"/> No – has not been physical towards others
<input type="checkbox"/> Yes – in response to situations or in defense
<input type="checkbox"/> Yes – a common reaction when upset, responds to redirection, and may require a 'cooling' down period
<input type="checkbox"/> Yes – frequently aggressive and will need to be physically redirected
Please provide additional details to better assist the participant:
Does the participant engage in self-harming behaviour?
<input type="checkbox"/> No – has not been physical towards themselves
<input type="checkbox"/> Yes – in response to situations or in defense and responds to redirection
<input type="checkbox"/> Yes – a common reaction when upset, responds to redirection, and may require a 'cooling' down period
<input type="checkbox"/> Yes – frequently aggressive toward self and will need to be physically redirected
Please provide additional details to better assist the participant:
Would you consider the participant behaviour as predictable?
<input type="checkbox"/> Yes - it will be clear what is upsetting/frustrating
<input type="checkbox"/> Usually – there are known triggers or situations that can lead to an unpredictable behaviour (please list triggers below)
<input type="checkbox"/> No – behaviour is unpredictable but will respond to redirecting
<input type="checkbox"/> No – behaviour is unpredictable and may becoming physically aggressive and difficult to redirect (please list triggers below)
Please provide additional details to better assist the participant:
Does the participant get verbally expressive when upset or in certain situations?
<input type="checkbox"/> Yes – will use words to expressive themselves
<input type="checkbox"/> Usually – May need prompting, asked how they are feeling, or need time to answer
<input type="checkbox"/> No – does not communicate
Please provide additional details to better assist the participant:
What are some strategies to help assist with self-regulation?
<input type="checkbox"/> Quiet space
<input type="checkbox"/> Separate from the group



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<input type="checkbox"/> Movement or walking
<input type="checkbox"/> Specific objects or toys
Please provide additional details to better assist the participant:

Managing Behaviour	
Behaviour Difficulty	Best way to support the participant
Example: over stimulated	Example: remove them from the space/room and go for a walk

Activities

Is the participant comfortable trying new things?
<input type="checkbox"/> Yes
<input type="checkbox"/> Usually – will need step by step instructions and clear expectations
<input type="checkbox"/> Not always – will need encouragement to participant and visual demonstration
<input type="checkbox"/> No – is reluctant to try new things and require instructions, may refuse to participant
Please provide additional details to better assist the participant:

Is the participant able to focus during an activity and stay ‘on task’?
<input type="checkbox"/> Yes
<input type="checkbox"/> Usually – may need verbal prompting and direction, benefits from encouragement
<input type="checkbox"/> No – attention span is limited and needs redirecting to continue participating
Please provide additional details to better assist the participant:

Is the participant comfortable with co-operative games and team sports?
<input type="checkbox"/> Yes – enjoys group and team play
<input type="checkbox"/> Yes – with verbal prompting and encouragement
<input type="checkbox"/> No – prefers one on one activities
Please provide additional details to better assist the participant:

Does the participant get easily frustrated with activities and group games?
<input type="checkbox"/> No – will participate with the group
<input type="checkbox"/> Sometimes – does not like to be ‘out’ and will express their frustration verbally
<input type="checkbox"/> Yes – will express their frustration physically and will need time away from the activity/group
Please provide additional details to better assist the participant:

Program Goals

Please outline the participant’s goals in the camp/program:
<input type="checkbox"/> Forming friendships <input type="checkbox"/> Social skills <input type="checkbox"/> Fostering cooperation and teamwork <input type="checkbox"/> Self-regulation <input type="checkbox"/> Following a routine <input type="checkbox"/> Achieve a level <input type="checkbox"/> Exercise <input type="checkbox"/> Other
Please provide additional details to better assist the participant:



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Support Worker Information

Please select the type of support you will be requesting:

- Internal Support – Scheduled Town of Caledon staff (dependent on staff availability)
- External Support – Scheduled by participant parent/guardian

Please note: Anyone attending as a support worker must be at least 16 years of age at the time of the program, read and sign the external support worker form. If you are receiving BCCL funding towards an external support worker, they must be 18 years of age and cannot serve as the participant's guardian.

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Acknowledgement – Participant Profile

I acknowledge and agree that the information collected in this participant profile is accurate and that all imperative information has been shared in its entirety.

I agree and confirm that this profile can be shared with Town of Caledon staff that will be working with and within the proximity of the participant.

Parent/Guardian Name	Signature	Date DD / MM / YYYY
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Acknowledgement – Behaviour Guidelines

I acknowledge that I have read and understand the Town of Caledon, Behaviour Guidelines and Requirements as listed.

I agree that if the Behaviour Guidelines and Requirements are not met, the participant will be removed from programs/camps.

Parent/Guardian Name	Signature	Date DD / MM / YYYY
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Acknowledgement – External Support Worker

This acknowledgment is only required if you are attending a camp/program with an external support worker.

I acknowledge that I have read and understand the Town of Caledon, External Support Worker Expectations and Requirements as listed.

I understand if the External Support Worker Expectations and Requirements are not met, they will not be permitted to support the participant in the Town program.

External Support Worker Name	Signature	Date DD / MM / YYYY
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Please email completed forms to Recreation.Inclusion@caledon.ca