

## Therapeutic Recreation Request for Services

Steps to be followed for Therapeutic Recreation programs:

1. The parent is provided with the Therapeutic Recreation Inclusion Policy, Therapeutic Recreation MOU, and Request for Services forms
2. Parent fills out and submits all registration and therapeutic recreation forms
3. An email confirmation of receipt of forms will be sent to the email address listed
4. Staff will review forms and contact parents with any additional questions
5. Staff will create a Therapeutic Recreation Participation Plan for the individual including staffing recommendations, specific training needed, etc.
6. The parent or guardian will be notified by email of the Participation Plan
7. Parents will need to approve and sign the plan and return to the Parks and Recreation Office
8. The plan will be submitted to the Recreation Supervisor for approval.
9. After the plan is approved, an email confirmation will be sent to the email address listed
10. If needed, staff will work to find an appropriate aide for the child
11. Registration for the program is considered confirmed **ONLY** after an appropriate staff member is secured. A spot in the program will be held for the child until the staff is secured or it is deemed that the child will not participate.
12. Once an aide has been secured, a meeting will be set up prior to the start of the program between the Parent and aide. Additional people may be requested in this meeting including but not limited to the Youth Program Coordinator, Program Director, school staff, etc.

### Participant Information

All responses are for informational purposes only; answers will not disqualify participants from enrolling.

Child's name: \_\_\_\_\_

School attending: \_\_\_\_\_

Grade entering: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Email: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Has this child participated in Recreation programs with the City of Steamboat in the past?

\_\_\_\_\_ No

\_\_\_\_\_ Yes

If yes, list programs and dates: \_\_\_\_\_

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Recreation activity you are pursuing with this application – select all that may apply.

Afterschool Action

School Days Off

ASSET Clubs

Kids Night Out

Summer Camps

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The participant's cognitive level is similar to that of what grade level? \_\_\_\_\_

Does your child have an aide assigned to them at school?

No

Yes

Does the participant require medications or on a regular basis?

No

Yes

If yes, please list and explain any special training needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant require diapering or help with other hygienic needs?

No

Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant use any assistive devices for movement, nourishment, or communication:

No

Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the participant able to understand and communicate his or her needs to others? Example: hungry, thirsty, bathroom? How does the participant communicate:

- Verbal
- Communication board
- Gestures
- Sign Language
- Electronic Device
- Other: \_\_\_\_\_

## Safety

Please select yes or no

The participant:

Can be responsible for their own belongings: Yes \_\_\_\_\_ No \_\_\_\_\_

May wander or run: Yes \_\_\_\_\_ No \_\_\_\_\_

Can recognize danger: Yes \_\_\_\_\_ No \_\_\_\_\_

May experience aggression with peers or staff: Yes \_\_\_\_\_ No \_\_\_\_\_

Has trouble in a high-volume environment: Yes \_\_\_\_\_ No \_\_\_\_\_

Can spend up to an hour in a vehicle: Yes \_\_\_\_\_ No \_\_\_\_\_

Can participate in large group games: Yes \_\_\_\_\_ No \_\_\_\_\_

Can watch television or movies in limited quantities : Yes \_\_\_\_\_ No \_\_\_\_\_

Is willing or able to have sunscreen applied: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments to any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What motivates the participant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities does the participant like to do in his/her free time? \_\_\_\_\_

\_\_\_\_\_

Areas of concern: \_\_\_\_\_

\_\_\_\_\_

Expected outcomes or goals for this child: \_\_\_\_\_

\_\_\_\_\_

Any additional information you think we should know: \_\_\_\_\_

\_\_\_\_\_

When things aren't working: \_\_\_\_\_

\_\_\_\_\_

Please explain strategies you use at home or school that work: \_\_\_\_\_

\_\_\_\_\_

Please explain strategies that do not work or need to be avoided: \_\_\_\_\_

\_\_\_\_\_

Please check all partnering agencies that we can contact for more information on the participant:

Current School and aide: \_\_\_\_\_

Previous school (Pre-school): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Signature of parent: \_\_\_\_\_

Print name of parent: \_\_\_\_\_

Date: \_\_\_\_\_