



MODIFICATION INTAKE FORM

Last Name:		First Name:		Nickname:	
Address:		City:		State:	Zip:
Birth Date: (xx/xx/xxxx) / /		Gender: (optional)			
Legal Guardian (if not Self):		Relationship:			
Address:		City:		State:	Zip:
E-mail Address:		Primary Phone:		Other:	
Current School Grade (if applicable):		School Name:			
Teacher/Support Staff:		Work/Support Agency Contact Information:			
May the Program Access Office staff contact the school/work/support agency named above?					
DISABILITY INFORMATION					
Type:		Strengths & Interests (Please identify strengths and activities, games, hobbies, topics, etc. that you/the participant enjoys or has expressed interest about)			
MEDICATIONS					
Does the participant take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No List medications and times taken:					
Are there any side effects that Montgomery Parks staff should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them here:					
NOTE: If participant has ever had a seizure, please complete a <i>Seizure Action Plan</i> . Contact the Program Access Office for one, if needed. Also, <i>please keep us informed of any medication changes. Thank you!</i>					
SCHOOL AGE PARTICIPANTS					
Does the participant have an aide or receive any assistance at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much time or in what capacity is the assistance given?					

SENSORY ISSUES:

Are there any sensory issues Program Access staff need to be aware of? Yes No

NOTE: Some Parks programs are held in noisy venues, outdoors, and in different weather-related conditions. Please note if participant is especially sensitive to dirt, bugs, lights, heating/cooling, being wet, noises, etc.

Explain here:

BEHAVIOR (check all that apply)

Please describe the participant's general behavior and overall mood:

Behaviors:*Comments:* Anxious Easily discouraged Easily distracted Hyperactive Impulsive Limited tolerance Physically Emotionally Fears Short attention span Tolerant of others Easily agitated Wanders/elopes/runs away Withdrawn/shy**EMOTIONAL EXPRESSION:***Comments:* Appropriate Verbally aggressive Physically destructive/combatative Withdraws

When upset, how does the participant usually respond? (please check all that apply)

Walks away Talks/tells staff Takes time to calm down Wanders/leaves group Destroys property

Physically harms self Is aggressive towards others Uses profanity or negative words Verbally aggressive

Other, *Explain here:*

Please describe the participant's typical reaction to the following and tell how staff should respond.

CHANGES IN ROUTINE:

NOISE LEVEL/SUDDEN LOUD NOISES:

FEARS/PHOBIAS: (Please list here)

Does the participant have a Behavior Plan in place (at home, school, etc.)?

 Yes No

*If there is a behavior plan, please share with Program Access Office Staff

ACTIVITIES OF DAILY LIVING <i>(check all that apply)</i>			
MOBILITY	ASSISTIVE DEVICES		EATING
<input type="checkbox"/> Walks independently <input type="checkbox"/> Walks with assistance <input type="checkbox"/> Difficulty with uneven surfaces <input type="checkbox"/> Non-ambulatory (needs full assistance) <input type="checkbox"/> Other:	<input type="checkbox"/> Orthotics <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Cane Other:	<input type="checkbox"/> Stroller <input type="checkbox"/> Wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Power	<input type="checkbox"/> Independent <input type="checkbox"/> Some assistance <input type="checkbox"/> Full assistance <input type="checkbox"/> Able to unwrap/open containers <input type="checkbox"/> Needs assistance with portions <input type="checkbox"/> Other: <input type="checkbox"/> Food Allergies:
BATHROOM USE	GROOMING/DRESSING	PHYSICAL TRANSFERS	
<input type="checkbox"/> Independent in the bathroom <input type="checkbox"/> Requires a reminder to use bathroom How often? <input type="checkbox"/> Every _____ minute(s) <input type="checkbox"/> Every _____ hour(s) <input type="checkbox"/> Uses disposable undergarments <input type="checkbox"/> Requires physical assistance Further instructions:	<input type="checkbox"/> Independent <input type="checkbox"/> Needs some assistance <input type="checkbox"/> Needs full assistance <input type="checkbox"/> Needs assistance with: <input type="checkbox"/> Buttons <input type="checkbox"/> Snaps <input type="checkbox"/> Zippers <input type="checkbox"/> Laces (tying) <input type="checkbox"/> Shoes/socks Further instructions:	<input type="checkbox"/> Transfers independently <input type="checkbox"/> Bears own weight <input type="checkbox"/> Non weight-bearing <input type="checkbox"/> Movement activities <input type="checkbox"/> Assistance Needed: <input type="checkbox"/> 1-person assist <input type="checkbox"/> 2-person assist Height of Participant: _____ Weight of participant: _____ lbs. Further instructions:	
COGNITION			
EXPRESSIVE COMMUNICATION	RECEPTIVE LANGUAGE	COMPREHENSION	
<input type="checkbox"/> Functional speech (easily understood) <input type="checkbox"/> Uses gestures <input type="checkbox"/> Picture (photo) communication <input type="checkbox"/> Sign Language <input type="checkbox"/> Picture Exchange program (PECS) <input type="checkbox"/> Isolated sounds <input type="checkbox"/> Non-verbal <input type="checkbox"/> Effectively communicates needs (toileting, hunger, water, etc.) <input type="checkbox"/> Other:	<input type="checkbox"/> Recognizes own name when spoken to <input type="checkbox"/> Can process and act on direction immediately <input type="checkbox"/> Needs time to process and act on direction <input type="checkbox"/> Needs cues, prompts or second set of directions <input type="checkbox"/> Does not process direction <input type="checkbox"/> Responds to direction in large group <input type="checkbox"/> Responds to direction in small group <input type="checkbox"/> Needs written directions/pictures <input type="checkbox"/> Other:	When given a one or two-step verbal direction, the participant: <input type="checkbox"/> Always understands <input type="checkbox"/> Usually understands <input type="checkbox"/> Sometimes understands <input type="checkbox"/> Rarely understands <input type="checkbox"/> Does not understand <input type="checkbox"/> Other:	
Additional Comments:			
GOALS FOR PROGRAM/EVENT			
What are your goals for the participant while enrolled in the Montgomery Parks program/event? <i>Check all that apply.</i> <input type="checkbox"/> Leisure participation (exposure to a variety of activities) <input type="checkbox"/> Leisure activity skill enhancement <input type="checkbox"/> Opportunities to experience fun in play <input type="checkbox"/> Socialization (interaction/develop friendship with peers) <input type="checkbox"/> Physical fitness/wellness <input type="checkbox"/> Improve group participation skills <input type="checkbox"/> Other: <i>(please list here)</i>			

PARTICIPANT PREFERENCES

<i>INTERACTIVE PREFERENCE</i>	<i>PROGRAM STRUCTURE</i>	<i>ACTIVITY PREFERENCE</i>
<input type="checkbox"/> Individual <input type="checkbox"/> Small Group (less than _____) <input type="checkbox"/> Large Group (more than 12) <input type="checkbox"/> Other:	<input type="checkbox"/> Highly structured <input type="checkbox"/> Loosely structured <input type="checkbox"/> Low degree of changes/few transitions <input type="checkbox"/> Variety of choices <input type="checkbox"/> Other:	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Arts & crafts <input type="checkbox"/> Movement <input type="checkbox"/> Competitive <input type="checkbox"/> Adventure <input type="checkbox"/> Dramatic Play <input type="checkbox"/> Card games <input type="checkbox"/> Noisy <input type="checkbox"/> Quiet <input type="checkbox"/> Independent <input type="checkbox"/> Musical <input type="checkbox"/> Cooperative <input type="checkbox"/> Board games <input type="checkbox"/> Other:
<i>SAFETY</i>	<i>SCHEDULING</i>	
<input type="checkbox"/> Responsible for belongings <input type="checkbox"/> Will stay with group <input type="checkbox"/> Recognizes danger <input type="checkbox"/> Knows own name and phone number	<input type="checkbox"/> Sensory breaks <input type="checkbox"/> Scheduled <input type="checkbox"/> Between activities <input type="checkbox"/> Every _____ minutes <input type="checkbox"/> As needed	

GENERAL PARTICIPATION

<input type="checkbox"/> Self- initiating	<input type="checkbox"/> Responds to instructions	<input type="checkbox"/> Voluntarily complies with activities/others
<input type="checkbox"/> Difficulty participating in organized activities		<input type="checkbox"/> Needs constant instructions to participate

ACKNOWLEDGEMENT *(please check each to show your understanding)*

I understand services provided by Montgomery Parks Program Access is not designed for therapeutic or one-on-one care.
 I understand that the Support Staff does not dictate the structure of the program and, should I have concerns about the structure of the program, I should contact the program supervisor.
 I understand it is my responsibility to provide the Program Access Office staff with the most current information (including any changes) on the participant to assist in making modifications to meet needs.
 I understand it is my responsibility to inform the Program Access Office staff when the participant signs up for each program/event where modifications are to be received.
 I understand that the participant's modification does not exempt them from following program rules and consequences. The modifications in place may assist them in meeting these rules but does not exempt them from following the rules.
 I understand that the participant is subject to the M-NCPPC Montgomery Parks policies for program safety, including parent conferences, temporary suspension, changes in the support plan, changes in staff, and changes in program participation.
 I understand M-NCPPC reserves the right to suspend and/or terminate the participant due to any continued inappropriate behaviors.

Signature (Parent/Guardian/Participant) _____
Date

PUBLICITY RELEASE

Participants consent to Montgomery Parks/M-NCPPC use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of the participant's voice in whatever way the Montgomery Parks/M-NCPPC desires, including television, print and internet websites. If the participant is a minor, the signature of the parent or guardian approves his or her participation in the program.

No royalty, fee or other compensation shall become payable by reason of such use for participants. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of Montgomery Parks/M-NCPPC.

YES, I give consent to Montgomery Parks/M-NCPPC to use the participant's image.
 NO, I do not give consent to Montgomery Parks/M-NCPPC to use the participant's image.

Signature (Parent/Guardian/Participant) _____
Date

OFFICE USE ONLY: Date Received: _____ **Support Recommendation:** YES NO

COMMENTS:

