ANNUAL INFORMATION FORM

Valid March 1, 2021-May 31, 2022

General Information

Participant Information PLEASE COMPLETE EACH SECTION AND PRINT CLEARLY

Name ______________ Age ________ Birthdate __________ Ethnicity ______________ for statistical purposes

Gender ______________ Personal Pronoun ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other __________

Home Address ______________ City ______________ State ________ Zip __________

Phone# ______________ Park District ______________ Township ______________

Residency Type: ☐ With family ☐ Group Home ☐ On own

Tshirt Size ________ Shoe Size ________

Main Contact Information PRINT CLEARLY

Name ______________ Relationship ______________ Cell # ______________ Mobile Carrier ______________

Home # ______________ E-mail ______________ Employer ______________

Secondary Contact Information

Name ______________ Relationship ______________ Cell # ______________ Mobile Carrier ______________

Home # ______________ E-mail ______________ Employer ______________

Additional Contact Information

Name ______________ Relationship ______________ Cell # ______________ Mobile Carrier ______________

Home # ______________ E-mail ______________ Employer ______________

Who should FVSRA contact for program information ______________

Participant is own guardian ☐ Yes ☐ No

Medical Information

Disability Information PLEASE INDICATE PRIMARY DISABILITY WITH A “1” AND SECONDARY WITH A “2.”

- ☐ ADD/ADHD
- ☐ Autism Spectrum Disorder
- ☐ Behavior Disorder
- ☐ Cerebral Palsy
- ☐ Down Syndrome
- ☐ Epilepsy
- ☐ Hearing Impairment
- ☐ Intellectual Disability
- ☐ Learning Disability
- ☐ Mental Illness
- ☐ Physical Disability
- ☐ Speech/Language Disorder
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment
- ☐ Other ______________
- ☐ None

Atlanto Axial Instability? If participant has Down Syndrome, do they have Atlanto Axial instability diagnosis? ☐ N/A ☐ No ☐ Yes

Surgeries? Has participant had any injuries or surgeries in the past year? ☐ No ☐ Yes (please describe) ______________

Wheelchair? ☐ No ☐ Yes (If participant uses a wheelchair, a Participant Transfer Plan must be completed.)

Seizures? ☐ No ☐ Yes **(please attach seizure information sheet)**

G-Tube? ☐ No ☐ Yes **(If participant has a G-Tube, a G-Tube Procedures form must be created and approved by the FVSRA Superintendent)**

Allergies? ☐ No ☐ Yes (please describe) ______________

Shunts? ☐ No ☐ Yes (please describe) ______________

Dietary Needs? ☐ No ☐ Yes (please describe) ______________

Diabetes? ☐ No ☐ Yes (please describe) ______________

May Participant Consume Alcohol? ☐ No ☐ Yes

(Please describe the type and quantity permitted. Please note FVSRA has a two drink maximum.) ______________

Communication

INDICATE METHOD(S) OF COMMUNICATION.

Participant communicates...

☐ Boardmaker ☐ Sign Language ☐ Verbal-Difficult to understand ☐ Verbal- Speaks clearly

☐ Non-verbal ☐ Gestures/points ☐ English as a second language ☐ Social Stories

☐ Visual schedule

☐ other (explain) ______________

Assisted Devices

INDICATE ASSISTED DEVICE(S) USED.

☐ Cane ☐ Glasses ☐ Orthopedic Devices ☐ Service Animal ☐ White Cane

☐ Forearm Crutches ☐ Hearing Aid ☐ Prosthetic Devices ☐ Walker ☐ Other __________

What level of assistance does participant need with...	Physical Assistance	Verbal Prompts	Independent	Additional Information
Eating/Drinking (cut food, uses straw, etc.)	☐	☐	☐	____________
Dressing/Undressing (tying shoes, pulling up swim suit, etc.)	☐	☐	☐	____________
Toileting (diapers, catheter, wiping, etc.)	☐	☐	☐	____________
Following directions (single step, repetition, visual cues, etc.)	☐	☐	☐	____________
Money handling (monitor for correct change, no concept, etc.)	☐	☐	☐	____________
Reading (comprehension level, etc.)	☐	☐	☐	____________
Responsibility (keeping track of belongings, etc.)	☐	☐	☐	____________
Safety (crossing street, water safety, etc.)	☐	☐	☐	____________
Writing (legibility, words/sentences, etc.)	☐	☐	☐	____________

Behavior

- ☐ Biting
- ☐ Hair Pulling
- ☐ Hitting
- ☐ Kicking
- ☐ Pinching
- ☐ Spitting
- ☐ Throwing Objects
- ☐ Attention Seeking
- ☐ Defiance/Refusal
- ☐ Difficult Transitions
- ☐ Easily Distracted
- ☐ Hyperactivity
- ☐ Manipulative
- ☐ Removal of Clothing
- ☐ Runs/Wanders
- ☐ Steals
- ☐ Verbal Outbursts
- ☐ Self harm/Injury
- ☐ Other

Please describe behaviors (frequency, duration, staff intervention):

Have a specific behavior plan? ☐ No ☐ Yes **(please attach)**

Please list any sensory supports the participant may need:

Safety & Recreation

FVSRA provides an approximate 1:4 staff to participant ratio.
If participant would like to request a closer ratio, please explain why: ____________

Please note that FVSRA requires prior written approval to permit a participant to remain unattended before/after a program, walk home, or wait for a taxi service. Contact Jackie Salemi, Superintendent of Recreation, to submit requests.
Participants are expected to arrive and/or be picked up from a program within 5 minutes of the start and end times listed. Without prior written approval, FVSRA cannot leave participants unattended before or after a program. In accordance with our Pick-Up & Drop Off Policy, a fee may be issued.

Verbally say their name?	☐ No	☐ Yes
Accurately say phone number?	☐ No	☐ Yes
Recognize dangerous situations?	☐ No	☐ Yes

Please select swimming ability:

☐ Cannot Swim ☐ Needs 1:1 assistance in the water ☐ Can Swim 1 Length of the Pool without a Personal Flotaion Device ☐ Competitive/Multi Lap Independent Swimmer

Indicate flotation device(s) owned or needed by participant ____________

Goals

INDICATE REASON(S) FOR PARTICIPATION. CHECK ALL THAT APPLY.

- ☐ Physical Activity/Fitness
- ☐ Socialization/Friendships
- ☐ Group Interaction
- ☐ Skill Development
- ☐ Motor Development
- ☐ Creativity/Self-Expression
- ☐ Self-Esteem/Confidence
- ☐ Responsibility
- ☐ Entertainment
- ☐ Other ____________

Please identify any specific goals parents/guardians would like to see worked on:

REQUIRED

Signatures I attest that this information is true and accurate to the best of my knowledge and I will notify FVSRA of any changes in the above information.

____________ Signature of person completing form

____________ Date

VIRTUAL PROGRAM QUESTIONNAIRE

Valid March 1, 2021 – May 31, 2022

Please fill out the following questions for Virtual Program participation. This form is linked to the required Annual Information Form. All questions must be filled out even if there is no initial intent to participate in virtual programs at this time.

Participant Name: ____

What email should the Virtual Program Links be sent to if participating in virtual programs? (please write out the full address, not "mom's email")

____

Please select your level of computer/tablet independence: (select one)

_______ Advanced – I use the computer/tablet independently
_______ Intermediate – I need some assistance with navigating computer/tablet functions
_______ Beginner – I require another person to assist with computer/tablet functions

Please select your level of keyboard/typing skills: (select one)

_______ I am able to type independently
_______ I need assistance typing
_______ I do not know how to type or use the keyboard

Please select your level of experience with Zoom software: (select all that apply)

_______ I can access the Zoom link and waiting room independently
_______ I can use the chat box independently
_______ I can mute/unmute myself independently
_______ I know how to use the annotate function independently
_______ I do not know how to operate Zoom independently

Please select the type of device you will most often use to participate in Virtual Programming. (select one)

_______ Computer _______ iPad / Tablet _______ Smart Phone _______ Phone Call-In Only (no video)

Please share any information that would be helpful for our staff to ensure that you are participating in a virtual activity to the best of your ability. (e.g. specific verbal cues, transition support, behavior management, etc.)

____
____
____

What are your goals/reasons for participating in FVSRA virtual programs? (select all that apply)

_______Creativity / Self Expression _______ Entertainment / Fun
_______ Physical Activity / Fitness _______ Self-esteem / Confidence
_______ Skill Development _______ Socialization / Friendship
_______ Responsibility _______ N/A

____ ____________________________

Participant / Guardian Signature: Date: