



**PARTICIPANT PROFILE**  
*Programs for People with Special Needs*

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

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs, Disability (ies) or Classifications as listed in your child's current IEP:  
\_\_\_\_\_

Dear Parents:

Your responses to the following questions are essential when registering your child in our program. In addition to circling "Yes" and "No", please respond with additional information if the request is made. To better evaluate the appropriateness of registration in our program, we need your assistance. Children will frequently demonstrate different behavior as they grow and develop. Consequently, we must ask that this form be completed and submitted once in a calendar year when you register your child in any program for people with special needs.

Many thanks

Janice Tangen-Pennington, Recreation Supervisor

**IF you answer "NO" to a question, please provide additional information and examples. Please circle one**

1. Does your child feed him/herself? YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your child toilet trained? YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child dress/undress him/herself? YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child adjust to new situations? YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF you answer "NO" to a question, please provide additional information and examples.**

**Please circle one**

5. Does your child control his/her impulses and feelings? YES NO

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6. Is your child aware of dangerous situations? YES NO

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7. Does your child possess self confidence? YES NO

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8. Does your child attend to a task? YES NO

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9. Does your child have a sense of balance? YES NO

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10. Does your child get along with others? YES NO

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11. Is your child cooperative? YES NO

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**IF you answer "NO" to a question, please provide additional information and examples.**

**Please circle one**

12. Does your child require one-to-one supervision? YES NO

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13. Does your child wander off? YES NO

14. Does your child speak using isolated words? YES NO

15. Does your child speak in complete sentences? YES NO

16. Is your child afraid of going in the water? YES NO

17. Can your child swim? YES NO

18. Can your child ride a bicycle/tricycle? YES NO

19. Does your child use a computer? YES NO

20. Does your child bite others or has your child bitten others? YES NO

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21. Does your child hit others or has your child hit others? YES NO

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22. Does your child pinch others or has your child pinched others? YES NO

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23. Does your child throw objects at others or has your child thrown objects at others? YES NO

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**IF you answer "NO" to a question, please provide additional information and examples.**

Please circle one

24. Is your child oppositional? YES NO

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25. Will your child run away from the staff? YES NO

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26. Is your child aggressive towards others?  
Are there ways to minimize or reduce instances of aggressive behavior? YES NO

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27. If your child does not get his/her way, does your child get upset? YES NO

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28. What techniques, such as sticker rewards, penny boards, etc. do you use to reinforce positive behavior?

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29. Hints/Suggestions/Comments. How can we minimize any problems and maximize your child's enjoyment as a participant in our program?

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The information provided above accurately describes my child.

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Parent's (Guardian's) Signature

\_\_\_\_\_  
Date