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 Spectrum Gymnastics Inc.

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 519-410-2188

**PARTICIPANT INFORMATION**

*This information is collected solely for the purpose of educating the 1:1 support coaches, group coaches and/or supervisors to ensure your child has a safe and fun experience with us! This information will be kept confidential and will not be shared with any non-essential personnel.*

**ALL ABOUT YOUR CHILD!**

|  |  |
| --- | --- |
| **Participant’s Name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Diagnosis** |  |
| **Parent/Guardian 1 Name** |  |
| **Contact Information** |  |
| **Parent/Guardian 2 Name** |  |
| **Contact Information** |  |
| **Emergency Contact Information** |  |
| **Siblings Names & Ages** |  |
| **What languages are spoken at home?** |  |
| **What school do they attend and in what type of classroom setting?** |  |
| **Introduction (tell us a bit about your child!)** |  |
| **Previous Recreational Program Experience** |  |

**HEALTH**

**Overall Health:**

**Medication:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Dose** | **Time** | **Administration**  | **Purpose** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Physician Name:**  **Number:**

**Specialist Name:** **Number:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Recommendations for Success** |
| **Allergies**  |  |  |  |
| **Hearing & Vision**  |  |  |  |
| **Seizures**  |  |  |  |

**Motor Skills:**

|  |  |
| --- | --- |
| **Fine Motor Skills**  |  |
| **Gross Motor Skills**  |  |
| **Adaptive Equipment Required** |  |

**PERSONAL CARE**

**Toileting:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **Yes** | **No** | **Recommendations for Success** |
| Wears diapers |  |  |  |
| Indicates when wet |  |  |  |
| Indicates need to use the toilet |  |  |  |
| Urinates in the toilet |  |  |  |
| Has BM in the toilet |  |  |  |
| Follows timed-toileting routine |  |  |  |

**Level of support needed during toileting routine:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Task** | **Independent** | **Prompt** | **Staff** **Redo** | **Hand** **Over** **Hand** | **Full** **Asst.** | **Recommendations for Success** |
| Pulling down pants |  |  |  |  |  |  |
| Wiping self after urinating |  |  |  |  |  |  |
| Wiping self after a BM |  |  |  |  |  |  |
| Washes hands |  |  |  |  |  |  |

**Dressing and Hygiene:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Task** | **Indep.**  | **Prompt** | **Staff** **Redo** | **Hand** **Over** **Hand** | **Full** **Asst.** | **Recommendations for Success** |
| Undressing/dressing |  |  |  |  |  |  |
| Look after, organize/sort belongings  |  |  |  |  |  |  |
| Applying sunscreen  |  |  |  |  |  |  |

**Meals:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Task** | **Indep.**  | **Prompt** | **Staff** **Redo** | **Hand** **Over** **Hand** | **Full** **Asst.** | **Recommendations for Success** |
| Sitting at table |  |  |  |  |  |  |
| Using fork/spoon  |  |  |  |  |  |
| Using knife, cutting food |  |  |  |  |  |
| Serving self  |  |  |  |  |  |
| Pouring water/juice  |  |  |  |  |  |

**Important Meal Notes:**

|  |  |
| --- | --- |
| **Favourite Foods**  |  |
| **Diet restrictions and food allergies**  |  |
| **Specialized diet plan**  |  |
| **Food being brought to program**  |  |

**SAFETY AND BOUNDARIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Safety and Boundaries**  | **Yes** | **No** | **Recommendations for Success** |
| Awareness of traffic and machinery  |  |  |  |
| Awareness of fire safety  |  |  |  |
| Awareness of strangers |  |  |  |
| Awareness of water safety |  |  |  |
| Will run away or hide  |  |  |  |
| Will respond when name is called |  |  |  |
| Puts inedible items in mouth  |  |  |  |
| Other safety concerns |  |  |  |

**COMMUNICATION AND SOCIAL**

|  |  |
| --- | --- |
|  | **Recommendations for Success** |
| **Expressive communication**(Communicating with others) |  |
| **Receptive Communication** (understanding communication) |  |
| **Engages with Peers**  |   |
| **Engages with Adults** |  |

**SCHEDULE AND TRANSITIONS**

|  |  |
| --- | --- |
|  | **Recommendations for Success** |
| **Schedule and Routines**  |  |
| **Instructions and directions**  |  |
| **Transitions**  |  |

**BEHAVIOUR AS COMMUNICATION**

*Please list any/all behaviours you feel necessary, i.e. upset/frustration, sensory, impulse control, hitting/biting/throwing objects, pushing boundaries, etc.*

|  |  |
| --- | --- |
| **Behaviours**  | **Recommendations for Success**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |
| **Main triggers**  |  |
| **Motivators**  |  |
| **Positive Reinforcement** |  |

**ACTIVITIES**

*List, point form, activities in these categories they enjoy both at and outside of camp and any support that may be needed.*

|  |  |
| --- | --- |
| **Sports and Recreation** |  |
| **Arts and Crafts**  |  |
| **Music** |  |
| **Quiet time activities** |  |

**ACCOMPLISHMENTS & GOALS**

|  |  |
| --- | --- |
| **Helpful tips for Support Staff**  |  |
| **Goals for 2021** |  |

**Once completed, please save and email to** info@spectrumgymnastics.ca **and we will be in touch shortly thereafter. Thank you!**