



Survey for Inclusive Recreation Programming

Name of participant (optional) _____

Age of Participant(s) _____ M/F _____ School _____

First names and age of Participants siblings' _____

Diagnosis (optional)

1) Does your child use any assistive devices for movement, nourishment or communication?

No Yes, Please describe. _____

2) Does your child take medications that may limit their participation in recreation activities (sun sensitivity or problems with equilibrium for example)? NO Yes Please describe _____

3) What motivates your child?

<input type="checkbox"/> Rewards (food, time for favorite activities, reward chart)	<input type="checkbox"/> being able to make choices
<input type="checkbox"/> Being with other children	<input type="checkbox"/> participating in preferred activities
<input type="checkbox"/> Avoiding undesirable activities	<input type="checkbox"/> positive verbal feedback
<input type="checkbox"/> Other _____	

4) Does your child have difficulty socializing with peers? NO Yes, because _____

RECREATION

ACCESS

DEVELOPMENT

CONSULTING

5) Recreation Interest (what does your child like to do in his/her free time?)

	Watching	Participate	Like to learn
Sports			
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness (Yoga, aerobics)		<input type="checkbox"/>	<input type="checkbox"/>
Arts			
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/> (listening)	<input type="checkbox"/> (plays instrument)	<input type="checkbox"/>
Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting/drawing		<input type="checkbox"/>	<input type="checkbox"/>
Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama/theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social			
Movies		<input type="checkbox"/>	<input type="checkbox"/>
Social clubs		<input type="checkbox"/>	<input type="checkbox"/>
Church groups		<input type="checkbox"/>	<input type="checkbox"/>
Other			
Reading/Writing		<input type="checkbox"/>	<input type="checkbox"/>
Gardening		<input type="checkbox"/>	<input type="checkbox"/>
Games			
Board games		<input type="checkbox"/>	<input type="checkbox"/>
Video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) Please list activities you would like your child to learn more about or participate in.

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7) Has your child participated in programs at your Parks and Recreation Department? Yes No

If your answer is no, please tell us why (use back of form if necessary).

8) If you answered yes please tell us about your experience as it relates to meeting the needs of your child:

Class participated in _____

	Satisfied	Very Satisfied	Not Satisfied
Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any suggestions for improvement in these areas. _____

9) Would you be interested in the following programming?

Segregated -programs designed to meet the needs of a specific diagnosis. (The general public would not usually register for this program). Program is facilitated by experienced staff.

Adaptive -programs that would provide opportunities for participant to practice social skills as well as program skill with the assistance of peer mentors and specially trained staff. Can be a stepping stone to participation in non-adaptive programs.

Full Inclusion - participation in non-adaptive programs with typical peers and (if desired) the assistance and support of a familiar peer mentor. The mentor is trained to titrate his/her involvement until the participant is independent. (Moderate modifications are made).

10) When is the best time and day for your child to participate in programs at the Parks and Recreation Department?

Weekdays Weekends Morning Afternoon Evenings

Preferred time of day for a program to start? _____

