

# Athens-Clarke County Leisure Services Department

## Therapeutic Recreation Programs Participant Information Form

*Please complete this form and return to: Brandon Bartlow, CTRS at 205 Old Commerce Rd Athens, GA 30607 or e-mail to [brandon.bartlow@accgov.com](mailto:brandon.bartlow@accgov.com). If you need assistance in completing this form, please contact Brandon Bartlow, CTRS at (706)613-3800.*

**In order to better meet the participant's needs, please fill out the following information completely.**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian e-mail address: \_\_\_\_\_

Secondary Contact if Parent/Guardian Unavailable

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please List all Conditions that may Affect Recreation/Leisure Participation:** \_\_\_\_\_

\_\_\_\_\_

Does the Participant Require any of the following equipment? (Please check all that apply)

**Contact Lenses** **Dentures** **Glasses** **Hearing Aids** **Orthopedic Devices**

**Oxygen** **Catheter** **Visual Cane** **Prostheses** **Other:** \_\_\_\_\_

For Participant's Mobility (Please check all that apply)

**Walks without assistance** **Walks with supervision/guard assistance** **Manual Wheelchair**

**Power Wheelchair** **Cane/Crutches** **Walker** **Braces** **Other:** \_\_\_\_\_

For Participant Communication (Please check all that apply)

Speaks Fluently

Able to Read

Able to Write

Uses Gestures

Uses Sign Language

Fragmented Speech

Non-Verbal

Uses Communication System

Other: \_\_\_\_\_

For Participant Safety Considerations/Awareness (Please check all that apply)

Able to Follow Safety Instructions

Able to Recognize Dangers

Runs Away from Groups

Poor Safety Awareness

Excited by Danger

Acoustic Agitations

Other: \_\_\_\_\_

Participant Personality/Behaviors (Please check all that apply)

Agreeable

Active

Aggressive

Argumentative

Cooperative

Passive

Social

Appropriate

Sensitive

Anxious

Depressed

Manipulative

Emotional

Stubborn

Cautious

Tantrum

Withdrawn

Other: \_\_\_\_\_

\*For behavioral management, are there any techniques that work best to calm/re-direct participant?

Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please Note:** Athens-Clarke County Leisure Services Department employees are only able to provide reasonable accommodations for behavioral management and all participants will be held to the standards of the ACC Leisure Services Department Code of Conduct.

For Participant Social Interactions (Please check all that apply)

Interacts appropriately with others

Agitated around others

Enjoys group settings

Initiates conversations

Prefers to be alone

Responds well to adults

Does not tolerate loud noises

Shy in group settings

Other: \_\_\_\_\_

Participant Medical Precautions/Concerns (Please check all that apply)

Diet	Seizures	Diabetes	Allergies	Injuries	Pain	Incontinence
Coordination	Balance	Gait Problems		Swallowing		Weakness
Cognitive Concerns	Emotional Concerns	Other: _____				

Please further explain concern circled above \_\_\_\_\_  
\_\_\_\_\_

**\*Please Note:** Athens-Clarke County Leisure Services Department employees are unable to distribute routine medications and/or assist with toileting.

For Participant Swimming Experience (Please check all that apply)

Swims Independently	Unable to Swim	Swims with Life Jacket	Fears Water
Enjoys Swimming	Wears Ear Plugs	Wears Goggles	Understands Pool Rules

Able to Swim with Assistance, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Participant Require the use of a Service Animal?      **YES**      **NO**

If YES, please explain services the animal is providing to the participant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Participant Require an American Sign Language interpreter?      **YES**      **NO**

Possible Barriers to Leisure Participation (Please check all that apply)

Motivation	Anxiety	Cognitive Skills	Communication	Weakness	Pain
Attitude	Mobility	Self-Confidence	Social Skills	Behaviors	Time

Other: \_\_\_\_\_

Please List Activities in which Participant Enjoys: \_\_\_\_\_

  

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Please List Activities in which Participant DOES NOT Enjoy: \_\_\_\_\_

  

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Please List any Goals for Participation: \_\_\_\_\_

  

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**PLEASE COMPLETE THE FOLLOWING INFORMATION TO REQUEST ACCOMODATIONS/MODIFICATIONS**

**OR ANXILLARY SERCIVES TO BE PROVIDED BY LESIURE SERVICES DEPARTMENT**

**\*Please Note:** Accommodations such as 1:1 services cannot be guaranteed and are reserved for individuals participating in Non-Therapeutic Recreation community programs.

Please describe the accommodations being requested: \_\_\_\_\_

  

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Please describe participant's condition that justifies this request: \_\_\_\_\_

  

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