

PARTICIPANT PROFILE



Raleigh Parks Specialized Recreation and Inclusion Services (SRIS) staff ask that you please complete an participant profile annually to help us better serve you/your participant. Additional forms may be required for participation. Participants served by Specialized Recreation and Inclusion Services agree to follow all City of Raleigh policies. Profile is valid for one year from signature.

Participant Name:

DOB:

Pronouns:

Is participant their own guardian? **Yes** **No** **Is participant independent with money?** **Yes** **No**

Parent/Guardian Name:

Contact Number:

Disability/Health Information:

Allergies/Dietary Restrictions:

Communication: (check all that apply)

Verbal and clearly understood

Uses Communication Device

Able to Read

Verbal but not clearly understood

Uses Signs/Gestures

Able to Write

Non-verbal

Mobility: (check all that apply)

Physically independent

Physically independent except for certain conditions (rough terrain, stairs, inclines, etc.)

Uses mobility equipment, type:

Electric Wheelchair

Manuel Wheelchair

AFO/Splints/Braces

Walker

Cane/Crutches

Lift-equipped vehicle is needed for transportation

Personal Care:

Participants in Raleigh Parks programs should be independent in feeding, toileting and personal care. Staff can open containers, break up food, and assist with placement of food. Staff can provide verbal or visual prompting however participants should be able to clean/wipe themselves.

Participant can feed themselves with:

Participant can toilet and preform personal care with:

Sensory: (check all that apply)

Sensitive to:

Sound

Touch

Visual

Taste

Smell

Movement

Additional sensory needs for us to be aware of:

Personality and Behavioral Support

Please select characteristics of the participant's personality: (Select all that apply)

Adventurous	Confident	Fidgety	Honest	Outgoing/Sociable
Affectionate	Cooperative	Friendly/Happy	Impatient	Patient
Artistic/Creative	Determined	Forgiving	Independent	Pessimistic
Bossy	Easy Going/Laid Back	Funny/Silly	Kind/Polite	Shy/Quiet
Compassionate/Empathetic	Energetic	Helpful	Mature	Sensitive

Please select any unwanted or unsafe behaviors the participant may exhibit: (Select all that apply)

Aggressive to Others	Easily Discouraged	Invades Personal Space	Stims (Repetitive Behaviors)
Aggressive to Self	Easily Distracted	Limited Activity Tolerance	Temper Tantrums
Anxious	Elopes/Wanders	Manipulative	Takes Other's Belongings
Argumentative	Hyperactive	Refuses Participation	Verbally Aggressive
Destructive	Impulsive	Spits	Withdraws/Keeps to Self

Please list any warning signs or triggers that may occur before any inappropriate behavior:

List any situations that should be avoided and/or any specific fears/concerns:

Please list successful calming techniques that we can provide in programming: (check all that apply)

Breathing Exercise	Weighted Blank
Grounding (5-4-3-2-1)	Isolation/Calm Down Area/Zen Zone
Stretching	Sensory Break/Engagement

Please check any helpful behavior support strategies/management techniques: (check all that apply)

Use Firm Voice	Give Transition Cues Prior to Change in Activity/Routine
Offer Expected Sequence (first , then)	Use "Wait Time" or Provide Timer/Countdown
Use Visual Cues (i.e. touch chair when asking to sit down)	Use Reward System

Support Services Received:

Speech/ Language Therapy	Orientation/ Mobility	None
Occupational Therapy	ABA	Other:
Physical Therapy	Personal Attendant	
Counseling/Therapy	Service Animal	

Release of Information and Signatures

(Optional) I authorize staff in Specialized Recreation and Inclusion Services to contact the individual(s) below for more information about the participant.

Name: Relationship:

Email: Phone:

Name: Relationship:

Email: Phone:

Signature:

Date: