



CHP Inclusion Support

Inclusion Support Information Form

1:1 CHP Support Form

To request inclusion support CHP Summer camp, please submit the completed intake form to the recreation program coordinator. To ensure that the necessary resources are available, please submit the form at your earliest convenience to ensure the participants Inclusion Support spot is approved.

Camp name:	Start Date:
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Section 1: Participant Information

Participant's Name:	Address:
Date of Birth:	
Age:	City/Town:
Gender:	Postal Code:

Section 2: Guardian Information

Guardian 1:	Guardian 2:
Relation to Participant:	Relation to Participant:
Phone:	Phone:
Email:	Email:

Section 3: Additional Information

Has the participant been involved in other recreation programming before?	Yes	No
If yes, please specify program(s) and location(s):		

Has the participant taken swimming lessons before?	Yes	No
Type of lesson: Group Low ratio Private (1:1)	Notes:	
How comfortable is the participant around water? (safety concerns, wears a life jacket, bad experience, etc.) Please Explain:		
Does the participant require a lifejacket in the water at all times?	Yes	No
If no, does the participant require a lifejacket just in the big pool?	Yes	No
Can the participant go off the diving board or down the slide?	Yes	No
Medical Information (diagnosis, medical conditions, etc.) Please List:		
Does the participant require support at School or in the Community? Yes No Please explain level of support:		
Does the participant use any assistive devices (i.e. wheelchair, braces, hearing aids, iPad etc.)? Yes No Please explain:		
Does the participant have allergies: Yes No If yes, please list:		
If yes, what is the protocol if a reaction should occur?		
Does the participant carry an epi pen or medication: Yes No Where will it be located?		

Self-Care

Toileting: 1 2 3 4 5

Dressing and undressing: 1 2 3 4 5

Meal time: 1 2 3 4 5

Additional Information:

Other

Sitting for table top activities: 1 2 3 4 5

Gross Motor: 1 2 3 4 5

Fine Motor: 1 2 3 4 5

Additional Information:

Which recreation and leisure activities does the participant enjoy most?

What are the key motivators for the participant?

How does the participant communicate? (PECS, sign language, 1 word, iPad, etc.)

Does the participant have any anxiety triggers or sometimes challenging behaviours? (How often, triggers, what it looks like, successful strategies in regulating and calming)

Are there any sensory concerns? (smell, touch, sound, movement, visual)

Are there any words, phrases, or activities that might upset the participant?

Other comments:

Section 5: Consent

I _____ (Participant/Guardian) believe that the information provided in this document is accurate and true to the best of my knowledge. I give permission for those authorized below to release information if requested by the Cole Harbour Place Recreation's Inclusion Department Staff in order to develop a support plan to assist me/my child in participating in recreation programs.

Reference	Name	Preferred Method of Contact

* Reference could be a Doctor, Therapist, Social Worker, Special Education teacher, School Teacher or Daycare teacher/provider.

Participant /Guardian Signature: _____ Date: _____

Return Instructions

Print and fill out by hand **OR** fill out electronically.

Email to inclusion@halifax.ca **OR** submit to your local community centre within two weeks of the program start date.

Contact information:

902-464-5106

agirard@coleharbourplace.com

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by Cole Harbour Place staff and, if necessary, individuals under service contract with Cole Harbour Place for purposes relating to the provision of inclusion support. If you have any questions about the collection and use of this information, please contact Jill Power (902) 464-5505 or jpower@coleharbourplace.com.

