



**MIDDLETOWN RECREATION INCLUSION INTAKE FORM**  
**Please submit when registering for camp**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE IN THE FALL: \_\_\_\_\_

PARTICIPANT DIAGNOSIS/SPECIAL NEED: \_\_\_\_\_

The Middletown Recreation Division welcomes participants with special needs in an integrated group setting when it is determined that the participant can best be served in a camp environment. Staff will work closely with the participant’s family and any qualified professional to make such a determination, to build a successful camp experience, or to make referrals to a setting which is more appropriate, when necessary.

We realize that for parents and guardians of children with special needs, there are a number of factors that need to be considered in order to ensure a safe and positive camp experience. Camp staff is committed to your participant having the best possible experience. Please be honest and straightforward, filling in all information that will help your participant have a successful and fun summer when filling out the Inclusion Intake form. This form is to be completed by a parent or guardian, although you may want to discuss some of the questions (and your responses) with your participant.

Some parents hesitate to provide camps with personal information about their participant’s behavior or past experience. Some fear the information may be used inappropriately while others are concerned about their child being labeled or treated differently. We appreciate these concerns and ensure that this information is only shared when necessary and only at the discretion of the supervisory staff. Please know how invaluable such information can be in assisting us to help make your participant’s transition to camp as smooth and rewarding as possible.

**What is inclusion in a day camp setting?**

Inclusion provides the opportunity for participants with special needs to attend camp with their typically developing peers.

**(Continued)**

**Is Middletown Recreation Camps a good fit for my child?**

Though our goal is to include all campers, if a participant's needs are so great that they are not able to participate in meaningful ways, camp may not be a good fit for them.

- Campers should fit into the existing program's format including the camper/staff ratio of 8 to 1
- Campers should be able to take care of their own personal needs (such as toileting) without assistance
- Campers should be able to communicate their needs to program staff
- Campers must be able to abide by the set program policy for conduct/behavior

We will make every effort to work with parents/guardians and the participant to provide a positive experience. However, if the program is found not to be a good fit for the participant, the Recreation Division reserves the right to suspend participation and will refund the participant for the remainder of the program minus the standard \$25 processing fee. Withdrawal requests for other reasons will follow the standard refund policy.

**Please answer the following questions:**

Has the participant participated in programs with Middletown Recreation before? Yes / No

Which weeks will your participant be participating? (Please circle all weeks) 1 2 3 4 5 6 7 8

Does participant use assistive devices for movement, nourishment, or communication? Yes / No

If yes, please describe:

Does participant have medical conditions or concerns? Yes / No

If yes, please describe:

Will participant take any medication during the camp day? Yes / No

**\*\*If yes, please provide a medication form\*\***

Does participant have difficulty socializing with peers? Yes / No

If yes, please describe:

Does participant have limitations that staff should know about? Yes / No

If yes, please describe:

Does participant receive supportive services at school? Yes / No

If yes, please describe:

**(Continued)**

Does participant prefer group or solitary activities?

What is your participant's approach to establishing relationships with other children (outgoing, shy..etc.)?

How does your participant typically get along with adults?

How is your participant at reading social cues? Is s/he able to read body language?

What does your participant do when s/he is angry, frustrated, or disappointed?

How does your participant transition?

Please check all motivators that apply to your camper:

- Rewards (food / free time / reward chart)
- Time with friends / other participants
- Avoiding undesirable activities
- Being able to make choices
- Participating in preferred activities
- Positive feedback
- Other: \_\_\_\_\_

How is the participant's ability to follow verbal directions? (Check all that apply)

- With some support
- Independent
- When accompanied by visual aids

**(Continued)**

- If less than three steps are given at one time

Please check off any of the following that apply to your participant:

- Exhibits off-task behaviors, easily distracted, has a short attention span
- Makes inappropriate noises
- Excitable, impulsive, lacks self-control
- Restless, squirmy, high activity level
- Uses physical aggression
- Disturbs others, has difficulty with respecting personal space
- Lacks patience / has outbursts
- Sudden or extreme mood changes, unpredictable behavior
- Social skills differ from peers
- Unable to share, dominates or controls the participation of others
- Unable to follow directions, written and/or verbal
- Takes things that belong to others
- Other (please describe):

Describe above answers and any additional information:

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In what situations do the behavior(s) of concern occur?

**Location**

- In school
- At home
- Extra-Curricular Activities
- In vehicles/school bus
- In the lunchroom
- On the playground
- \_\_\_\_\_

**Person**

- With parents
- With peers
- With teachers
- With siblings
- Daycare Providers
- Camp Counselors
- \_\_\_\_\_

**Context**

- When in large groups
- In small groups
- When by him/herself
- When in transition
- In noisy environments
- During unstructured time
- \_\_\_\_\_

**(Continued)**

Are there other internal or external events that influence the behavior(s) of concern?

- |   |  |
|---|--|
| <input type="checkbox"/> Medication                 | <input type="checkbox"/> Conflict at home                          |
| <input type="checkbox"/> Physical health            | <input type="checkbox"/> Negative peer influence                   |
| <input type="checkbox"/> Over tiredness             | <input type="checkbox"/> Aggression from another child             |
| <input type="checkbox"/> Dehydration/hunger         | <input type="checkbox"/> Change in anticipated schedule            |
| <input type="checkbox"/> Extreme heat or cold       | <input type="checkbox"/> Not knowing the schedule for the day      |
| <input type="checkbox"/> Being overwhelmed          | <input type="checkbox"/> Lack of adult attention                   |
| <input type="checkbox"/> Obsessive thoughts/rituals | <input type="checkbox"/> Lack of peer attention                    |
| <input type="checkbox"/> Perceived unfairness       | <input type="checkbox"/> Attention focused on child                |
| <input type="checkbox"/> Competitive activities     | <input type="checkbox"/> Unavailability of desired object/activity |
| <input type="checkbox"/> Taking turns/sharing       | <input type="checkbox"/> _____                                     |
| <input type="checkbox"/> Waiting in line            |  |

What strategies are helpful in supporting your participant through challenging situations?

Does your child have a Behavior Intervention Plan (BIP), 504 Plan, or Individualized Education Program (IEP) at school? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your participant have a paraprofessional during the school year? Yes No

Please list the activities that the participant would like to learn more about or participate in:

**(Continued)**

Please check off the recreation interests and if the participant likes to watch, participate, and/or learn:

<b>Interests</b>	<b>Watching</b>	<b>Participating</b>	<b>Like to Learn</b>
Basketball			
Football			
Soccer			
Golf			
Tennis			
Bowling			
Swimming			
Running			
Dancing			
Music			
Singing			
Painting/Drawing/Art			
Crafts			
Movies			
Playground Activities			
Reading			
Writing			
Board Games			
Other:			

Is there any other information you would like to share with us?

**(Continued)**

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please feel free to attach any additional information to this packet that you feel may be helpful to providing your participant with a positive camp experience. You will be contacted by the Recreation Office to review your child's needs. Please provide a daytime phone number and email address below.

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

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

Please note: This completed form is confidential but it will be shared with your camper's Paraprofessional and Site Director.

Thank you for choosing Middletown Recreation for programming!

We are pleased to work with you and your camper. 😊

Karen J. Nocera

Recreation Manager

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Middletown Recreation

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