SHAKOPEE
PARKS AND RECREATION

Please return completed form to the Community Engagement Coordinator at the Shakopee Community Center, 1255 Fuller Street, or by email at parks@ShakopeeMN.gov.

The Data Practices Act requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not the public. This information can be shared with the Shakopee Parks and Recreation Department and the Shakopee School District. You can withhold this data, but you may not receive updated program information and/or the necessary accommodations. Your signature on this form indicates you understand these rights.

Signature_____ Date _____

Last Name:		First Name:		Nickname:	
Address:		City:		State:	Zip:
Birthdate:	Age:	Sex: (M/F):	Phone:		
Legal Guardian (if not self):		Relationship:			
Address:		City:		State:	
Home Phone: Cell Phone:		Email Address:			
Emergency Contact:		Phone Number:			
Current School Grade:	School Phone:		☐ Check here if it is ok to contact Teacher/Support staff for add'l information.		
Teacher/Support Staff:		Phone:			

Please answer the following questions (that are applicable) to help us get to know you and/or your child better:

Physical/Medical

1. What is the participant's diagnosis?

2. Does the participant take any medications that we need to be informed about? *If meds will be dispensed during program hours, we will provide a medication waiver and dispensing info form.*

3. Please list any allergies impacting participation in recreation programs:

4. Does participant experience seizures? If yes, please provide protocol if seizure occurs.

Sensory Motor Skills

1. Does participant have any sensory concerns: tactile, auditory, visual, etc.

2. Please list any sensory activities that are helpful for your child:

Personal Care

Please list any relevant information if participant needs assistance during program hours.

1. Toileting:

2. Eating/Dietary restrictions:

3. Clothes/self-care:

Social and Cognitive Skills

1. Describe the participants communication style – verbal, non-verbal, sign language, PECS, other:

2. Can the participant follow one step directions? **YES** ☐ **NO** ☐

3. Can participant follow multi step directions? **YES** ☐ **NO** ☐

4. Please describe social interaction with peers and with adults:

5. Please describe attention span and level of distractibility:

6. Are there any specific techniques for motivation, re-direction, or maintaining focus?

7. Please describe any triggers that may impact your child's behavior:

8. If applicable, what calming, organizing, or de-escalating techniques work best for your child?

9. If you have a behavior plan in place at school or at home, are you willing to share the plan?

10. Would you be willing to have us contact your child's teacher(s) for more support?

11. Are there concerns with participant's awareness of danger/impulse control? Please explain.

12. How does participant handle changes in routine? Are there any transition techniques that work?

13. Any concerns with sharing, waiting turn, and transition times?

14. Are there any other behaviors like running away, hitting, biting, flapping, etc. that we should be prepared to address?

Swimming

Please complete if participant will be participating in a swimming lesson offered by Shakopee Community Center.

1. Please describe comfort level in and around water:

2. Does participant have a sense of water safety? Where are the trouble spots?

3. Any previous experience with swimming or taking swimming lessons?

4. Please list any goals or expectations for swimming lessons:

Additional Information

Please provide other information that would be useful for successful participation such as previous experience in recreation programs or a friend/sibling in the class: