



*Improving lives. Changing futures.*

## COMMUNITY RECREATION SCREENING FORM

Participant's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ yrs old \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary spoken language: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Caregiver's Name: \_\_\_\_\_ Email: \_\_\_\_\_

**I. Diagnosis:** \_\_\_\_\_

### **II. Skill Assessment**

Place a check next to each statement that applies to the participant. Please use the comment section to identify additional skills and/or areas of difficulty.

#### **A. Dressing**

- ☐ 1. Needs total physical assistance with dressing, undressing
- ☐ 2. Needs some physical assistance with dressing, undressing
- ☐ 3. Dresses, undresses with verbal directions
- ☐ 4. Dresses, undresses independently
- ☐ 5. Ties own shoelaces

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

#### **B. Eating/Drinking**

- ☐ 1. Takes pureed/soft foods from a spoon
- ☐ 2. Drinks from a cup with assistance
- ☐ 3. Drinks from a cup independently
- ☐ 4. Able to chew semi-solid food
- ☐ 5. Finger feeds if food is pre-cut
- ☐ 6. Able to use straw to drink
- ☐ 7. Able to grasp; use spoon
- ☐ 8. Able to unwrap, open containers
- ☐ 9. Able to open drink containers

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

### C. Personal Care

- ☐ 1. Wears diaper
- ☐ 2. Shows discomfort in being wet
- ☐ 3. Indicates need to use toilet (gives advance notice)
- ☐ 4. Uses toilet with physical assistance (needs help wiping, etc.)
- ☐ 5. Uses toilet with verbal direction
- ☐ 6. Uses toilet independently
- ☐ 7. Washes hands with physical assistance
- ☐ 8. Washes hands with verbal direction
- ☐ 9. Washes hands independently

\*Please include information on catheterization or menstruation below.

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

### D. Communication

- ☐ 1. Unable to communicate needs/wants
- ☐ 2. Communicates needs/wants with gestures or other non-verbal behavior
- ☐ 3. Communicates needs/wants with basic sign language
- ☐ 4. Communicates needs/wants with word symbol board or similar device
- ☐ 5. Communicates needs/wants with one or two word statements
- ☐ 6. Communicates through partial or complete spoken sentences
- ☐ 7. Speaks clearly, can usually be understood
- ☐ 8. Able to recall and relate information accurately

Describe any vision or hearing impairments: \_\_\_\_\_

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

### E. Receptive Language

- ☐ 1. Reacts or responds to various sounds
- ☐ 2. Able to distinguish between different sounds
- ☐ 3. Recognizes own name when called/spoken to
- ☐ 4. Responds appropriately to simple one-step directions (within capabilities)
- ☐ 5. Responds appropriately to two or three step directions (within capabilities)
- ☐ 6. Responds appropriately to directions given collectively to a small group of participants
- ☐ 7. Responds appropriately to directions given collectively to a larger group (6 or more)
- ☐ 8. Asks questions if unsure or needing more information

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

#### F. **Mobility**

- ☐ 1. Walks with full physical assistance
- ☐ 2. Walks with some physical assistance
- ☐ 3. Walks independently
- ☐ 4. Able to maintain balance over uneven surfaces
- ☐ 5. Walks up/down steps with physical assistance
- ☐ 6. Walks up/down steps independently
- ☐ 7. Able to walk continuously for 15 or more minutes
- ☐ 8. Able to maintain balance while running

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

#### G. **Mobility** (for wheelchair/walker/crutch user)

- ☐ 1. While lying on a mat, is able to roll over
- ☐ 2. Able to crawl or scoot short distance
- ☐ 3. Able to sit on floor/mat unsupported
- ☐ 4. Uses a manual wheelchair
- ☐ 5. Uses a motorized wheelchair
- ☐ 6. Wheels self in wheelchair short distances
- ☐ 7. Wheels self in wheelchair longer distance (15 minutes or more)
- ☐ 8. Able to transfer in/out of wheelchair with assistance
- ☐ 9. Able to transfer in/out of wheelchair independently
- ☐ 10. Able to negotiate minor barriers (doors, sloped surfaces, etc.)

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

#### H. **Motor Coordination**

- ☐ 1. Follows movement of objects with eyes
- ☐ 2. Able to reach toward objects
- ☐ 3. Able to touch, grasp objects
- ☐ 4. Able to release a grasped object when directed
- ☐ 5. Able to transfer object from one hand to another
- ☐ 6. Able to catch a ball rolled
- ☐ 7. Able to catch a ball tossed from a short distance
- ☐ 8. Able to kick a stationary ball
- ☐ 9. Able to kick a rolling ball

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

**I. Social/Behavioral**

- ☐ 1. Demonstrates awareness of others
- ☐ 2. Responds to interaction of others
- ☐ 3. Aware of personal space, maintains appropriate distance
- ☐ 4. Will initiate interaction with others
- ☐ 5. Will play/interact cooperatively with another participant
- ☐ 6. Will play/interact cooperatively with a small group of participants
- ☐ 7. Able to identify and take responsibility for personal belongings
- ☐ 8. Is aware of safety concerns when out in the community (traffic, staying with group, etc.)
- ☐ 9. Manages frustration, controls anger
- ☐ 10. Able to adjust to changes in routine
- ☐ 11. Is known to wander, bolt, or run away

Are there sensory experiences that may agitate your child (loud noises, temperatures, textures, crowds)? \_\_\_\_\_

Please identify any behavior management techniques used at home or school which reduce or discourage negative behavior: \_\_\_\_\_

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

**J. Activity Skills, Leisure Interests**

- ☐ 1. Participation in activities requires much prompting/assistance
- ☐ 2. Participation in activities requires some prompting/assistance
- ☐ 3. Participation in activities requires little prompting/assistance
- ☐ 4. Will participate in activity of interest:  
\_\_\_\_\_ 5 minutes \_\_\_\_\_ 10 minutes \_\_\_\_\_ 15 minutes or more
- ☐ 5. Understands directions (left, right, over, under)
- ☐ 6. Understands basic number concepts
- ☐ 7. Understands concepts of time
- ☐ 8. Identifies colors
- ☐ 9. Able to work a simple puzzle
- ☐ 10. Will indicate an activity preference
- ☐ 11. Will sit and watch a video/program for 30 minutes or longer

What are the participant's three favorite indoor activities? \_\_\_\_\_

What are the participant's three favorite outdoor activities? \_\_\_\_\_

Staff comments: \_\_\_\_\_

**K. Swimming**

- ☐ 1. Non-swimmer, requires individual attention in water
- ☐ 2. Puts face in water
- ☐ 3. Will submerge entire head under water
- ☐ 4. Can float on front
- ☐ 5. Can float on back
- ☐ 6. Swims short distance (shallow water)
- ☐ 7. Able to swim in deep water

Comments/Areas of difficulty: \_\_\_\_\_

Staff comments: \_\_\_\_\_

**III. Services receiving**

- ☐ 1. Occupational therapy
- ☐ 2. Physical Therapy
- ☐ 3. Speech Therapy
- ☐ 4. Psychological/neuropsychological services
- ☐ 5. Applied Behavioral Analysis (ABA) services
- ☐ 6. Individualized Education Plan
  - ☐ Contained Classroom    ☐ Inclusive Classroom
- ☐ 7. Full time aide in classroom
- ☐ 8. Part time aide in classroom

Which specific skills are being developed if receiving services (i.e. walking, head control, etc.)?

\_\_\_\_\_

What therapeutic equipment does the participant use? \_\_\_\_\_

\_\_\_\_\_

**IV. Goals for participating**

Please identify the purpose and goals for the participant's engagement in Children's Specialized Hospital's Recreation Programs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. Any other comments/concerns**

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