



Dear Parent(s) and/or Guardian,

Thank you very much for your interest in the Minneapolis Park and Recreation Board's recreation opportunities. We are very excited about your involvement and interest in our programs. It is the policy of the Minneapolis Park and Recreation Board (MPRB) to not discriminate on the basis of disability in the admission of or access to any of its services, programs, or activities. Upon request, reasonable accommodation will be attempted to provide individuals with disabilities the opportunity to participate in Minneapolis Park and Recreation services, programs and activities. To ensure we meet your needs, a prior contact of three weeks is required.

To successfully include people with disabilities in our programs we need to understand what extra types of support may be needed for the individual to participate. In order to assure a successful and welcoming environment, we are asking you to complete the attached assessment. This assessment will help us to better understand the needs of the individual and what extra supports may be needed for participation in the service, program or activity.

We ask that you complete the assessment as soon as possible and return it to Minneapolis Park and Recreation Board, 2117 W. River Rd, Minneapolis, MN 55411; Attn: Toby Broadrick.

Once I receive the assessment I will contact you to set up a meeting to discuss the format of the registered program and the needs of the individual. Based on the needs, you, the staff and I will determine what type of support(s) may be needed for successful participation.

If you have any questions regarding this assessment, please call 612-230-6489.

I look forward to meeting and working with you.

Toby Broadrick

Toby Broadrick
Minneapolis Park and Recreation Board
Therapeutic Recreation Specialist
tbroadrick@minneapolispark.org

March 2009



Park - _____

Participant's Last Name _____

CONFIDENTIAL

INCLUSION ASSESSMENT

To be filled out by Parent or Guardian

I. GENERAL INFORMATION:

Child's Name: _____ Birthday: _____

Parent(s) or Guardian name(s): _____

_____ phone # _____

_____ phone# _____

Email: _____

Optional Contact: Name _____ phone# _____

II. PARTICIPANT SCHOOL INFORMATION:

Does your child receive any Special Education Services? Yes _____ No _____

If "Yes", please describe _____

Does your child have an I.E.P? Yes _____ No _____ Last Updated on: _____

May we contact the teacher and school regarding your child? Yes _____ No _____

Current Teacher: _____ phone: _____

School: _____ phone _____

Type of Classroom: Mainstream _____ Partial Mainstream _____ with para _____

Self- Contained Classroom: _____ Describe: _____

Are there any other teachers, therapists or professionals who you would like us to contact? If so please list their names and contact information. _____



Participant's Last Name _____

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INCLUSION ASSESSMENT

Continued

III. SUPPORT CONSIDERATIONS

A. Does your child have a disability? Yes _____ No _____ If "Yes" please explain: _____

B. Does your child have any medical conditions? Yes _____ No _____ If "Yes" please explain:

C. Does your child take any prescribed medication? Yes _____ No _____ If "Yes" please explain:

D. Does your child have a history of seizures? Yes _____ No _____ If "Yes" please explain:

Our guideline, per the Epilepsy Foundation of Minnesota, is to call 911 for any seizure lasting 3 minutes or longer. Please inform us of any exception: _____

E. Does your child have any allergies? Yes _____ No _____ If "Yes" please explain: _____

F. Does your child have any mobility or coordination challenges? Yes _____ No _____

If "Yes" please explain: _____

G. Does your child have any speech, language, or communication challenges? Yes _____ No _____

If "Yes" please explain: _____

H. Does your child have any behavior challenges? Yes _____ No _____ If "Yes" please explain:



Participant's Last Name _____

CONFIDENTIAL

INCLUSION ASSESSMENT Continued

IV. PERSONAL PROFILE

A. Does your child have siblings living at home? Yes_____ No_____ If "Yes" please list their names and birthdays: _____

B. My child's favorite loud activities are _____

C. My child's favorite quiet activities are _____

D. My child's favorite board games are _____

E. My child's favorite physical games are _____

F. My child's favorite music is _____

G. On a rainy day my child likes to _____

H. On a sunny day my child likes to _____

I. When we play as a family we like to _____

J. The pets we have at home are _____

K. If I had one wish for my child it would be _____

Completed by: _____

Printed Name: _____

Relationship to Participant: _____

Office Only: Date Received: _____ Reviewed By: _____ Date Reviewed: _____

Support Determination Completed