



Loudoun County Parks, Recreation and Community Services  
Children's Program and Adaptive Recreation Division



**HEALTH AND SKILLS FORM**

**Participant Information**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Guardianship: Check which applies     Self     Other \_\_\_\_\_  
 Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 1: Health and Medical**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ ID/Group #: \_\_\_\_\_  
 Project Lifesaver ID# \_\_\_\_\_ Project Lifesaver Frequency # \_\_\_\_\_

**Primary disability, as diagnosed by a physician:**

**ADD or AD/HD**                       **Developmental Disability**                       **Stroke**  
 **Asperger's**                       **Down's Syndrome**                       **Spina Bifida**  
 **Autism**                       **Emotional/Behavioral Disorders**                       **Spinal Cord Injury**  
 **Brain Injury**                       **Mental Health**                       **Cerebral Palsy**  
 **Other** \_\_\_\_\_  
 **Secondary disability (as diagnosed by a physician)** \_\_\_\_\_

**Allergies:**

Check all that apply & provide specific information in space provided

**N/A**  
 **Food**     **Medication**     **Environmental** (i.e., seasonal, dust, etc.)     **Latex:**     **Other:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Instructions if allergic reaction occurs:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SUPERVISION LEVEL KEY:**

**1** No/Minimal Supervision Needed

**2** Moderate Supervision Needed

**3** Moderate Supervision with Moderate Assistance

**4** Full Supervision with One-On-One Assistance

**Medication Management:** *Please mark participant's skill level with self – medication*

**1**

**2**

**3**

**4**

**Participant is able to give consent for medical treatment in the event of an emergency:**

**Yes**  **No**

**Participant is able to accurately recognize symptoms of illness:**

**Yes**  **No**

**Section 2: Nutrition & Diet**

**Prescribed / Modified Diet:** *Please provide special instructions in the space provided.*

**Diabetic**

**Caffeine Free**

**Pureed**

**Portion Control**

**Lactose Free**

**Gluten Free**

**Reduced Fat**

**Small Bites**

**Tube Fed**

**Low Sodium**

**Foods to avoid:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Nutrition Management:**

Choosing and ordering meals:

**1**

**2**

**3**

**4**

Cutting food:

**1**

**2**

**3**

**4**

Can feed self:

**1**

**2**

**3**

**4**

Eats at a reasonable pace:

**1**

**2**

**3**

**4**

Chews food completely:

**1**

**2**

**3**

**4**

Can follow prescribed diet:

**1**

**2**

**3**

**4**

Knows foods to avoid:

**1**

**2**

**3**

**4**

Can inform others of allergies:

**1**

**2**

**3**

**4**

**Section 3: Personal Care**

Uses a child's diaper:

**Yes**

**No**

Uses a modified adult undergarment:

**Yes**

**No**

Identifies appropriate restroom:

**1**

**2**

**3**

**4**

Initiates use of toilet:

**1**

**2**

**3**

**4**

Can manipulate clothing:

**1**

**2**

**3**

**4**

Can transfer on/off of toilet:

**1**

**2**

**3**

**4**

Able to support self on toilet:

**1**

**2**

**3**

**4**

Able to wipe after use of toilet:

**1**

**2**

**3**

**4**

Will clean hands after use:

**1**

**2**

**3**

**4**

Females: Care of menstrual needs:

**1**

**2**

**3**

**4**

**SUPERVISION LEVEL KEY:**

**1** No/Minimal Supervision Needed

**2** Moderate Supervision Needed

**3** Moderate Supervision with Moderate Assistance

**4** Full Supervision with One-On-One Assistance

**Section 4: Behavioral Support**

**Behavioral triggers can be:** *Please provide explanations of triggers & how to address behavior in section below.*

**Loud Noises**

**Large/Open Spaces**

**Internal Temperature** (hot/cold)

**Weather**

**Odors / Smells**

**Crowded Places**

**Flashing / Bright Lights**

**Other:** \_\_\_\_\_

**Currently utilizes a behavioral plan:**

**Yes**

**No**

**If YES, will you share plan with staff?**

**Yes**

**No**

**Behavioral Plan:** \_\_\_\_\_

**Please describe any positive or negative mannerisms of the participant:**

*(Example: Always carries a backpack, always wears a jacket, cannot wait in line, etc.)*

**Section 5: Communication**

Able to state full name:

**Yes**

**No**

Responds to name consistently:

**Yes**

**No**

Speaks and is understood:

**Yes**

**No**

Communicates needs and wants:

**Yes**

**No**

Uses sign language:

**Yes**

**No**

Uses an electronic communicator:

**Yes**

**No**

Can tell time:

**Yes**

**No**

Able to read:

**Yes**

**No**

At what level? \_\_\_\_\_

Able to write:

**Yes**

**No**

Able to follow one-step directions:

**Yes**

**No**

Able to follow two-step directions:

**Yes**

**No**

Able to follow multiple step directions:

**Yes**

**No**

Appropriate social interactions:

**Yes**

**No**

(If answer is NO, please describe below)

### SUPERVISION LEVEL KEY:

**1** No/Minimal Supervision Needed

**2** Moderate Supervision Needed

**3** Moderate Supervision with Moderate Assistance

**4** Full Supervision with One-On-One Assistance

### Section 6: Money Management

- Able to identify cost of items:  **1**  **2**  **3**  **4**
- Able to manage spending money:  **1**  **2**  **3**  **4**
- Able to carry personal wallet/purse:  **1**  **2**  **3**  **4**

### Section 7: Safety & Mobility

- Recognizes general safety:  **1**  **2**  **3**  **4**
- Able to cross streets safely:  **1**  **2**  **3**  **4**
- Maneuvering in crowds:  **1**  **2**  **3**  **4**
- Boarding and departing vehicles:  **1**  **2**  **3**  **4**
- Uses stairs:  **1**  **2**  **3**  **4**
- Supervision in a community setting:  **1**  **2**  **3**  **4**
- 
- Adapts to crowded/noisy areas:  **Yes**  **No**
- May wander from group:  **Yes**  **No**
- Wears GPS tracking device:  **Yes**  **No**
- Able to seek assistance if lost:  **Yes**  **No**
- Can verbalize home address:  **Yes**  **No**
- Can verbalize home phone number:  **Yes**  **No**
- Able to seek medical attention:  **Yes**  **No**
- Carries an emergency card:  **Yes**  **No**
- Carries state issued ID card:  **Yes**  **No**

#### Swimming:

- Able to swim:  **Yes**  **No**  **Beginner**  **Moderate**  **Advanced**
- Needs personal flotation device:  **Yes**  **No**
- Able to apply sunscreen:  **Yes**  **No**

### Section 8: ADA Statement

#### ADA Policy:

If you require a reasonable accommodation for any type of disability in order to participate in Adaptive Recreation Activities, please contact Adaptive Recreation at 703-771-5013/TTY-711. Three business days advance notice is requested.

## Section 9: Recreation / Leisure Interests

**Complete this recreation / leisure interest using the following scale:**

**1**=Strongly Interested      **2**=Interested      **3**=Neutral      **4**=Not Interested      **5**=Strongly Disinterested

Camping:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Bicycling:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fishing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Canoeing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Horseback riding:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Rafting:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Swimming:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Rock climbing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Bocce ball:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Basketball:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Miniature golf:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Bowling:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Yoga / aerobics:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Shooting pool:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dancing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Hiking:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Crafts:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Music:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting / Drawing:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Movies:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Puppetry:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Karaoke:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Drama:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Restaurants:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Clowning:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Sports events:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Social Events:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Musicals:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cooking:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Video Gaming:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*By signing below, I confirm that all information provided on this form is, to my knowledge, accurate and current.*

\_\_\_\_\_  
**Signature of Participant** (if own guardian) **or Parent/Guardian**

\_\_\_\_\_  
**Date**

## Section 10: Office Use Only!

**Participant Level:**     1                       2                       3                       4

**Staff Copies Made:**     Yes

**Database Updated:**     Yes

**RecTrac Updated:**     Yes

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_