



PARTICIPANT SUPPLEMENTAL INFORMATION FORM



Parks & Recreation Department
Adapted Programs
620 Laguna Street
Santa Barbara, CA 93101
(805) 564-5421
www.sbparksandrecreation.com

Participant _____

Date _____

The registration information submitted for the above participant indicated there are medications, disabilities, or special information we should know about. We would appreciate your cooperation in answering the following questions to better understand the participant's special needs. If more space is needed, feel free to provide an additional attachment or submit all information on a separate sheet of paper. It is the responsibility of the participant or, for minors and dependent adults, their custodial parent or legal guardian to disclose all relevant information regarding the participant's health and special needs.

Describe the specific disability or medical condition(s) of the participant and its effect on him or her.

COMMUNICATION

Describe the communication skills of the participant. Does he or she have difficulty communicating? If so, how does he or she react when frustrated due to inability to communicate with teacher, staff and peers?

BEHAVIOR

Does the participant have any behavior challenges of which staff should be aware such as: lacks impulse control, tends to wander off, is unaware of danger, can be physically aggressive, etc.? If the participant becomes oppositional, what usually triggers it and what is the best intervention?

PERSONAL ASSISTANCE

Does the participant require any special personal assistance for example eating, toileting, dressing, etc.?

HEALTH CONCERNS

Expand on any health issues or concerns of the participant such as: surgeries, diabetes, asthma, respiratory distress, heart difficulties, diseases, allergies, open wounds, etc.

PHYSICAL DISABILITIES

Does the participant have a physical disability (mobility, visual or hearing impairment)? If yes, will the participant be using any assisted device such as a wheelchair, stroller, walker, hearing aid etc.?

OTHER INFORMATION

Indicate any other information you would like to share about the participant. This may include the participant's most and least favorite activities.

Signature of participant OR, for minors and dependent adults, the custodial parent or legal guardian:

✓ Signature _____ Print Full Name _____ Date _____