

Recreation Program Support Application



Recreation Program Support is designed to support the unique needs of participants. Access and Inclusion staff collaborate with families to build a Program Support Plan and identify the support needed for the participant (general support, 1:1 support or external support). The Program Support Plan summarizes the strategies and adaptations that will support your child's engagement, such as: assisting with focusing, redirection, positive reinforcement, encouraging engagement and supporting social-emotional well-being.

1:1 Access support is available during camps and is dependent on program capacity and available resources.

1. PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ Age: _____ Gender: _____
(mm/dd/yyyy)

Name of parent/caregiver/guardian:

Address:

Primary Phone: _____ Alternate Phone: _____

Email: _____

2. RECREATION PROGRAMS REGISTERED

Is the participant new or returning?

New

☐

Returning

☐

What Recreation Program(s) is the participant registered in?

Program Name (<i>i.e. Swim Kids 1</i>)	Activity No. (<i>i.e. 21881</i>)	Dates of Programs (<i>i.e. March 18 - March 22</i>)	Time of Program (<i>i.e. 9am - 4pm</i>)	Location of Program (<i>i.e. Hyde Creek</i>)

3. LEARNING ABOUT THE PARTICIPANT

What is the participant's goal in the recreation program and/or camp?

What are the participant's strengths, interests and preferred activities?

Support the participant is currently receiving:

Full Time Educational Assistant ☐

Behavioural Interventionist ☐

Part Time/Shared Educational Assistant ☐

Other: _____

No Educational Assistant ☐

Please describe any medical conditions/diagnoses/allergies the participant has and what we need to be aware of surrounding their condition.

How does the participant communicate? Please tick all that apply.

Verbally

☐

Non-Verbal Communication

☐

(Gestures/Sign language)

Communication Aid

☐

(Communication device/PECS)

Additional Information:

What areas or situations does the participant require support for? (emotional regulation, fine motor/coordination, peer interactions, mobility)

What strategies or adaptations work well for the participant?

Demonstrations/Modeling	<input type="checkbox"/>	Written/Drawn instructions	<input type="checkbox"/>
Verbal Cues	<input type="checkbox"/>	Sensory Tools e.g. fidgets	<input type="checkbox"/>
Physical Assistance	<input type="checkbox"/>	Quiet Space/Break	<input type="checkbox"/>
(Hand over hand)			
Reward Charts	<input type="checkbox"/>	Movement Breaks	<input type="checkbox"/>
Equipment/Adaptation	<input type="checkbox"/>	Positive reinforcement (verbal, high fives)	<input type="checkbox"/>

Additional Information: _____

Does the participant have any fears, dislikes or triggers we should be aware of?

For example: Environmental sensitivities, transitions, personal boundaries, social interactions, finishing preferred activities etc

If the participant struggles with transitions or changes in schedule, what strategies work best for them?

Front Loading	<input type="checkbox"/>	Countdowns/Timer	<input type="checkbox"/>
Verbal Reminders	<input type="checkbox"/>	First/Then	<input type="checkbox"/>
Visual Schedule	<input type="checkbox"/>	Redirection	<input type="checkbox"/>

Other: _____

Does the participant engage in any of the following behaviours? Please check all that apply.

Easily Distracted	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>
Easily Discouraged	<input type="checkbox"/>	Conflict with Peers	<input type="checkbox"/>
Screams/Shouts	<input type="checkbox"/>	Physically Acts Out (Hits/Kicks)	<input type="checkbox"/>
Wanders from Group	<input type="checkbox"/>	Runs Away/Bolts	<input type="checkbox"/>

What is the best way to support the participant if they become disregulated/anxious/upset?

4. RECREATION PROGRAM SUPPORT AND EXPECTATIONS

I UNDERSTAND THE FOLLOWING:

	Initial
Our staff can assist with focusing, redirection, positive reinforcement, encouraging engagement and social/emotional well-being. I understand Recreation Program Support staff are not trained Behavioural Interventionists.	<input type="checkbox"/>
Recreation Staff are unable to provide personal care such as assistance with toileting, administering medication, and feeding. We welcome 1:1 External Support Workers to meet 1:1 personal care needs.	<input type="checkbox"/>
The support of staff is dependent on program capacity, available resources and scope of support required. Access and Inclusion will discuss options and strategies to best the participant.	<input type="checkbox"/>
When 1:1 Program Support is identified as required and Program Support Staff is unavailable due to unforeseen circumstances, you will be notified up to 1 hour before the	<input type="checkbox"/>

start of the program. We encourage parents to be prepared in the event of an emergency.	
Where there are violations to the Recreation Program Expectations / including where the health and safety of participants/staff or volunteers is impacted, other options for support may be discussed, up to including withdrawal from the program. If a child/youth is unable to participate for any of the above reasons, we will process a pro-rated refund.	<input type="checkbox"/>

I understand it is my responsibility as the parent/guardian/caregiver/ that the above information on this application is true and correct to the best of my knowledge and understand Port Coquitlam's Recreation Program Support Roles and Responsibilities.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Parent/Caregiver – Print Name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	

Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA), and will be used to assess your application. If you have any questions or concerns about how your information will be used, contact the City's Records and FOIPPA Administrator at corporateoffice@portcoquitlam.ca

To submit an application or ask a question please email: accessinclusion@portcoquitlam.ca or call 604.927.7975 Or in person to: Port Coquitlam Community Centre - 2150 Wilson Ave, Port Coquitlam, BC V3C 6J5 The Outlet - #110 – 2248 McAllister Ave, Port Coquitlam, BC V3C 2A5. Hyde Creek Recreation Centre - 1379 Laurier Ave, Port Coquitlam, BC V3B 2B9 c/o Access and Inclusion.