

Port Coquitlam Recreation | Leisure Buddy Request Form

Support requirements are determined by staff. While we do our best to find appropriate support, if it cannot be found the participant may be required to register for a more appropriate program or withdraw.

Staff require a minimum of 2 weeks' notice to find a Leisure Buddy.

Summer 2020 - families can apply for 1 week of summer support.

We are unable to provide personal care such as assistance with toileting, administering medication and changing.

1. APPLICANT INFORMATION

Participant name: _____
First name (please print) Last name (please print)

Date of Birth: _____ Age: _____ Male Female Other New participant Returning
(dd/mm/yyyy)

Has an Education Assistant No Education Assistant Has a Behavioural Interventionist

Disability/ Diagnosis: _____

2. PARENT/CAREGIVER/GUARDIAN INFORMATION

Name of parent/caregiver/guardian: _____
First name (please print) Last name (please print)

Address: _____
Street City Postal Code

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____ Alt. Contact: _____

Phone: _____

3. RECREATION PROGRAM(S) REGISTERED

Program Name <i>(i.e. Swim Kids 1)</i>	Activity # <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>

- If you're a **NEW** participant please proceed to pg.2 or if it's been **more than 6 months** since your last Leisure Buddy Request

For NEW Participant requests exceeding 6 months window.

Please take the time to thoroughly complete this form. Providing us with as much information as possible assists us in delivering a positive experience for all participants and staff.

Please remember what may be routine for your family may be out of the ordinary for our program leaders.

4. BEHAVIOUR AND COMMUNICATION

What are the participant’s strength, interests and preferred activities? _____

What does the participant dislike? *Are there areas the participant may require more support?* _____

What works well to motivate the participant? _____

Behaviours

- | | | | | | |
|--------------------|------------------------------|-----------------------------|--------------------------------------|------------------------------|-----------------------------|
| Easily discouraged | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interacts well with peers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Easily distracted | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interacts well with adults | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hyperactive | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wanders from group | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shouts/ Screams | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stops/Responds to hearing their name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What are some triggers for these behaviours? What successful strategies are used at home/school to redirect the behaviours? _____

Which is the most effective for the participant’s learning

- | | | | | | |
|--------------------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| Demonstrations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Written/ Drawn instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical assistance (hand over hand) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verbal cues | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | | | Equipment/ Adaption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Please list: _____

5. MEDICAL INFORMATION

List and describe any allergies the participant may experience (hay fever, bee stings):

Allergies:	Reaction:

Date of Application: _____ Signature: _____

Please submit completed application by email: accessinclusion@portcoquitlam.ca

Or in person to: Port Coquitlam Community Centre - 2150 Wilson Ave, Port Coquitlam, BC V3C 6J5
The Outlet - 1100 – 2253 McAllister Ave, Port Coquitlam, BC V3C 2A5
Hyde Creek Recreation Centre - 1379 Laurier Ave, Port Coquitlam, BC V3B 2B9

OFFICE USE ONLY

Date Received by CSA: _____ Date Received by Access: _____ Date family Contacted: _____