Making the Right Choice

Ellington Day Camp - Little Knights, Summer Knights, Adventure Awaits

What is Inclusion?

Inclusion within the Ellington Department of Parks and Recreation means that all individuals are welcome to participate in our recreation programs and activities. For all members, minimum eligibility requirements (age, level of participation) must be met in order to participate. For members with health and/or development impairments, reasonable accommodations are provided upon request to enable the individual's successful participation in a program.

What are the minimum requirements for successful inclusion in our program?

All members must meet the following minimum requirements to ensure equal access to all programs and activities:

- Meet the age and registration requirements of the program;
- Follow the rules of conduct (*Behavior & Discipline Policy*);
- Participate voluntarily. Recreation programs and activities are voluntary in nature. Participation will be encouraged and aided but will not be forced;
- Level of participation: Engage in scheduled program activities a majority of the time;
- Ability to use a consistent form of communication to indicate basic needs and follow simple directions;
- Ability to use the restroom and clean up without staff assistance;
- Ability to tolerate and function as a member of a larger social group (12 or more people).

Where individuals with health and/or developmental impairments require we modify our policies, practices, and procedures, below are some of the reasonable accommodations we provide:

- Staff training on creative adaptations to program activities.
- An enhanced staff/participant ratio (three weeks advance notice).
- Adaptive activity equipment.
- Accessible transportation will be available upon request when transportation is provided as part of an activity or program.
- Assistance in administering health services which do not require medical training.

What services are not part of our inclusive program?

Inclusion services that we **do not** provide include, but are not limited to the following:

- Provision of a separate area or alternate activities for a significant portion of the scheduled program.
- Hiring, selection, or guaranteed assignment of a specific staff member.
- Individualized therapy within a program.
- Provision and/or purchase of personal custom devices.
- Permit exceptions to minimum compliance with the program's requirements, rules, or regulations where an attempt to reasonably accommodate would jeopardize the safety of

program participants and staff, create an undue hardship resulting in significant difficulty or expense, or otherwise fundamentally alter the program.

Is the Ellington Day Camp program the right choice and/or experience for my child?

Parents/Guardians are encouraged to ask themselves the following questions...

1. If school-aged, do your child's current classroom activities or goals prepare him/her for the Ellington Day Camp recreation experience?
2. Has the individual shown an interest in the program activity or subject matter?
3. Is he/she comfortable and able to function appropriately, with or without reasonable accommodations, in inclusive environments (malls, restaurants, parks, etc.)?

For participants who might require reasonable accommodations, communication is of the utmost importance, and we ask all parents/guardians to proactively contact the Ellington Day Camp as far in advance as possible. The goal of this communication is to explore potential accommodations that ensure the successful participation of all participants of the program. To this end, parents/guardians may be asked to provide detailed information as to the participant's needs. Program registration will not be considered complete until all necessary information and/or materials are provided to the Ellington Day Camp team.

For more information on programs and accommodations, please contact the recreation office:

Ellington Recreation Department
(860) 870-3118
recreationstaff@ellington-ct.gov

Accommodation Information Form

(Expires: 1 year from date completed)

Date Complete:

Section 1	Personal Information	
Participant Name	Age	Date of Birth
Parent/Guardian	Address	Home Phone #: Work Phone #: Cell #:
Would you like to give permission to the recreation staff to contact your child's school staff/specialist. If yes, please provide their contact information (name, title, phone, email)	Emergency Contact Person: Phone #: Work #:	

Section 2	General Information
1. Do you have any concerns about the participant's ability to successfully participate in the program?	
2. Will your participant require assistance or accommodations for successful participation?	
3. What type and degree of accommodations would they require?	
4. Are there any specific scenarios you recommend that we attempt to avoid?	
5. What tools or adaptive coping strategies do you use to support the participant?	

Section 3	Communication
What is the participant's primary means of communication (i.e. speech is clear, gestures, sign language, difficult to understand, limited means of communication)?	

Section 4	Activities of Daily Living			
Please mark an **X** by the appropriate response	Independent	Needs some assistance	Needs full assistance	Comments (i.e. assistive devices)
Mobility				
Transfers from wheelchair				
Eating				
Dress/undress				
Toileting				

Section 5	Participant Behavior	
1. Comment briefly on the participant's general behavior and moods (i.e. happy, cautious, shy, etc.)		
2. Does the participant exhibit any of the following behaviors?		
Behavior	Yes or No	Comments
Withdrawn/Shy		
Easily discouraged		
Hyperactive		
Runs away		
Short Attention Span		
Easily Distracted		
Bites		
Physically harms self/others		
Other		
3. Is there a behavior management plan in place? Yes / No (please explain and/or attach a copy)		
4. What are some motivations for the participant? (i.e. verbal praise, stickers, etc.)		

5. Does the Participant have any strong fears? (i.e. thunderstorms, bees, dogs, etc.)

Section 6	**Safety** (check all that apply)		
	Will stay with group		Recognizes danger
	Communicates name (and phone #)		Responsible for own belongings

Section 7	**Recreation**

1. Please describe any activities in which the participant may require special assistance?

2. Best method of assistance (check all that apply)

	Pre-teaching		Verbal Prompts		Peer Buddy		Hand-over-Hand
	Demonstrations		Physical Prompts		Equipment / Adaptations		Other

Comments:

3. Are there any activities the participant particularly likes/dislikes?

+

-

4. Does the participant take part in water activities?
Participant is a ____ Non-swimmer _____ Beginning Swimmer _____ Intermediate Swimmer
Note: Participants that have Seizures or are non-ambulatory are required to wear a life jacket.
Required to wear a life jacket? Yes / No

5. Is this the first Ellington recreation experience for the participant? Yes / No
If No, what was the name of the last program?

6. Has the participant taken part in inclusive settings (i.e. school, girl scouts, church, community)?
Yes / No If yes, please describe.

7. What are your expectations for the participant in the program? (i.e. increase socialization)

Section 8	Socialization (Please check all that apply)				
	Interacts with peers		Does not Interact well w/ peers		Interacts well w/ adults
	Does not interact well w/adults		Prefers to be alone		Prefers small groups (less than 10)
	Prefers large groups (10 or more)		Enjoys group outings		Tolerance of noise levels
Comments:					

Section 9	Additional Information
Is there any other relevant information and/or concerns you have related to the participant's ability to successfully participate in the program?	

_____

Parent/Guardian

I certify that all of the information indicated on the Accommodation Information Form is complete and accurate.

_____ _____

Parent/Guardian (Signature) **Date**

Accommodation information on this form is <u>CONFIDENTIAL</u> and will <u>ONLY</u> be shared with Ellington Parks and Recreation Staff.