



RARA Recreation Adaptive Program  
Adaptive Recreation Questionnaire

GENERAL INFORMATION

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Disability: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Emergency Contact 2 : \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

MEDICAL/PHYSICAL INFORMATION

Allergies (list): \_\_\_\_\_  
Language/Communication (verbal, nonverbal, communication device, sign, etc):  
\_\_\_\_\_  
Primary Mode of Transportation (wheelchair, crutches, ambulatory, etc.):  
\_\_\_\_\_  
History of Seizures? Yes \_\_\_ No \_\_\_

SOCIAL INFORMATION

(Please check all that may 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  
 Prefers large groups       Enjoys group outings       Okay with loud noise  
 Wanders from group       Runs from group

Comments:

## BEHAVIORAL INFORMATION

Describe the best way to get participant involved in activity:

Are there any settings that may cause behavior difficulties (noisy surroundings, escalators, flashing lights?):

Please explain the best way to explain a new activity/task to participant:

Please indicate what types of things frustrate the participant:

Please indicate the best way to redirect or re-engage the participant:

What types of behavior managements or reinforcements work best?:

## RECREATION INFORMATION

What are the participant's strengths?

What are the participant's weaknesses?

What are some of the participant's favorite things to do?

What type of additional assistance do you think the participant might require to engage successfully in a recreation setting?

What time of day is the participant looking for programs to participate in? (day programs, evening, weekend)

## GOALS

What does the participant hope to gain from participating from the Adaptive program? (Please mark all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Increase social skills        | <input type="checkbox"/> Decrease anxiety      | <input type="checkbox"/> Increase quality of life   |
| <input type="checkbox"/> Increase communication skills | <input type="checkbox"/> Improve motor skills  | <input type="checkbox"/> Make friends               |
| <input type="checkbox"/> Increase self confidence      | <input type="checkbox"/> Increase independence | <input type="checkbox"/> Increase leisure knowledge |
| <input type="checkbox"/> Decrease levels of isolation  | <input type="checkbox"/> Increase self esteem  | <input type="checkbox"/> Increase self awareness    |

Other:

Are there any programs that RARA does not offer that you would like to see?