



All About Me Profile

Norfolk County Inclusion Services—Confidential

Norfolk County is committed to making our recreation programs inclusive and accessible. Please help us by completing the following information. The information you provide will be shared with our staff to support your child. It is our goal to make the participants time with us a positive experience!

The County reserves the right to request a person with a disability to be accompanied by a support person due to health and safety risk in order to help with communication, mobility and personal care of medical needs.

Personal Information

Participants Name: _____ Age: _____

Name of Parent/Guardian: _____ Phone Number: _____

Email: _____

Siblings: _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Participant's Exceptionality

Diagnosis (please provide information of all disabilities):

Organizational Support

School Setting (Please check all that apply)

- Mainstream Classroom with Additional Support (i.e. EA)
- Fully Self-Contained with Special Education Class
- Mainstream Classroom with Indirect Service

Is there a Safety Plan at School? YES NO

If yes, can we obtain a copy? YES NO

Other Comments:



Medical Information

A. Seizures: YES NO

If yes, type: _____

Frequency: _____

Duration: _____

Warning Signs: _____

Preferred Action: _____

Other Important information: _____

B. Allergies: YES NO

Allergen: _____

Carries Epi-Pen: YES NO

Allergen: _____

Carries Epi-Pen: YES NO

Signs and Symptoms: _____

Other Important Information: _____

C. Asthma: YES NO

Carries Inhaler: YES NO

Signs and Symptoms: _____

Other Important Information: _____

Please note: If your child requires an Epi-Pen or Inhaler and does not bring it with them, they will not be admitted to the program.



General Assistance N/A

A. Toileting/Changing

- Independent Requires Prompting Diapers Other: _____

What Assistance, if any, is required? (Please check all that apply)

- Accompanied to the bathroom
 Change Diaper
 Assist with changing (pants up, pants down, etc)
 Place on the toilet
 Assist with wiping
 Assist with washing and drying hands
 Use of schedule board to assist changing/toileting

Comments: _____

B. Feeding and Eating

- Independent
 Requires Prompting
 Requires Minimal Assistance
 Requires Full Assistance

Foods the participant is not allowed to eat: _____

C. Physical Mobility

Please indicate any mobility aids/assistive devices this participant uses:

- Splints Walker Wheelchair Other: _____

Please describe any difficulties related to mobility that this participant may have throughout their recreational activity (balance, coordination, fine motor skills, etc):

Four horizontal lines for describing mobility difficulties.



Behaviour N/A

A. Types of Behaviour (check all that apply)

- Hyperactive
- Aggressive towards others
- Self Injuring
- Attention Seeking
- Profane Language
- Sexual inappropriateness
- Tantrum
- Other: _____
- Wanders or runs away
- Flight Risk
- Verbal Outbursts
- Non compliant
- Self Stimulation
- Destructive
- Repetitive actions

B. Sensory

Things that will upset my child:

- Loud Noises
- Crowds
- Being Touched
- Holding hands
- Humming noises
- Odours
- Bright lights
- Screaming
- Singing
- Crying
- Clapping
- Whistles
- Other: _____

Things that will calm my child

- Deep Pressure
- Music
- Weighted Objects
- Fidget toys
- Movement
- Rocking
- Small, quiet space
- Cuddling
- Bean bag chair
- Other: _____

Please expand on any behaviour above. Describe effective ways of managing inappropriate behaviour: _____



Behaviour continued N/A

When my child is angry/upset they will let you know by:

Saying: _____

Doing: _____

Known Triggers:

Are there any circumstances the participant will become physically aggressive?

*Please note: Norfolk County staff are not permitted to utilize physical restraint

- YES
- NO

Please expand:

When my child is happy they will let you know by:

Saying: _____

Doing: _____

C. Communication

My child communicates in the following way (s):

- Talking
- Sign language
- Picture symbols
- Gestures
- Pointing

Other: _____

My Child will understand better if you:

- Get their attention
- Have eye contact
- Speak slow and clear
- Repeat instructions and directions
- Use visuals
- Other: _____



Participation

A. Swimming

- My child enjoys swimming
My child does not enjoy swimming
My child is not allowed to go swimming
My child will require a lifejacket in the pool
My child will need assistance to get in the pool physically
My child will need assistance to get out of the pool physically
My child will need assistance getting changed for/after swimming
My child wears earplugs and/or goggles in the pool

Additional Comments:

[Empty text box for additional comments]

B. Success

Setting up my child for success

- My child can sit for ___ minutes
My child will need ___ when they are sitting for long periods of time
My child learns best when sitting Beside/ Across from their support staff (check one)
My child needs warnings before transitions— Verbal Visual Physical
My child needs a structured routine
My child has difficulty with changes in routine
My child needs your support with the following visual aids:
Schedule board PECS binder First-Then board

Other things my child needs are: _____

My child's favourite things are (toys, songs, game, etc):

My child will be bringing the following specialized equipment to the program (please describe how this equipment is to be used):



Additional Information or Comments

If we have missed anything or if you would like to share additional information please do so here:



Parent Responsibility Checklist

To ensure your child’s safety in Norfolk County’s Programs, parents/guardians are responsible for providing/obtaining the following:

- Identify the Allergy or Medical condition and the need for an epinephrine auto-injector or an inhaler on the registration form and complete the appropriate pages in the All About Me Profile package
- Complete the Parent consent form (below)
- Provide updated information as necessary or as it becomes available
- Ensure your child attends the program each day with their epinephrine auto-injector or inhaler. A child without this will not be admitted into the program
- Educate your child on their condition and how to use their epi-pen or inhaler administer their medication
- Obtain and encourage your child to wear a medical alert bracelet (optional)
- Complete the Support Person Guidelines form (if applicable)

Parent Consent Form

I give permission to share the information given on this form with all relevant staff involved in the operation of the programs my child is registered in.

I agree to provide the program staff with up to date medical information as necessary, wherever there is a change to your child as directed by their physician. It is further understood that keeping the program staff informed is my responsibility. I further agree that the participant will not be admitted to the program if their epinephrine auto-injector or inhaler.

I am fully aware and recognize that Norfolk County programs, facilities, staff, or support persons are in no way able to provide or promise a risk free or allergen free environment for my child. Norfolk County will provide for the health and welfare of each participant, but will be released and held harmless from all actions, damages, or claims arising out of participation in Norfolk County Programs.

I have read and fully understand the above PARENT CONSENT FORM and that I have provided all the relevant information regarding my child’s medical condition and the emergency procedures that need to be followed

Main Contact Name (Please Print)

Main Contact Signature

Date

