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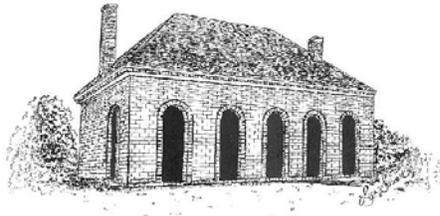
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ESTABLISHED IN 1720

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PARKS AND RECREATION DEPARTMENT

GREG SAGER
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WWW.HANOVERCOUNTY.GOV

13017 TAYLOR COMPLEX LANE
ASHLAND, VA 23005

PHONE: 804-365-7150
FAX: 804-365-4696

Dear Parent,

Thank you for your interest in the **Therapeutic Recreation Aide (TR Aide) Assistance Program** with the **2016 Summer Youth camps (Summer Sneakers, MEGA Middle and Discover Camps)**.

The **TR Aide Assistance Program** is designed to help children with special needs participate in this traditional, inclusion-based summer recreation program.

At Parks and Recreation's Summer Youth Camps, the ratio of Recreation Aide (activity leader, counselor) to child is typically 1 Recreation Aide for every 25 children enrolled. If you have a child with **special needs** who requires greater assistance or supervision (with such tasks as participating in recreation activities, following directions, interacting appropriately with peers, etc.), then please consider **applying for the help of a TR Aide**. For many children the help of a TR Aide (inclusion coach) can make a huge difference in their success in this integrated and highly stimulating program.

The following are the steps to apply for the assistance of a TR Aide:

1. Learn about Parks and Recreation Summer Youth Camps.

These popular programs are not for everyone. The active environment at camp is very stimulating (physically and sensory) and may not be the best setting for your child to be successful. Sites may have 75-150 campers with most camp activities are done in groups of 25 children or more.

When describing camp, some people describe it like having your child participate in your school's "Field Day" every day all day long. A lot of energy, noise, fun and a bit of chaos. Most camp locations also have a "Quiet Room" which is designed to serve as a brief respite from the stimulating activities.

Please visit this webpage for more information about the programs:

<http://www.hanovercounty.gov/Parks-and-Rec/Summer-Youth-Programs>.

2. Complete Inclusion Profile.

If you believe our program would be a good fit for your child, please **complete** and **return** the attached **2016 Inclusion Profile**. Please be sure to answer all questions thoroughly. We encourage you to **apply early as the number of TR Aides available is limited**. TR Aides requests are filled on a first-come, first-served basis.

3. Distribute Professional Sharing Information Form.

To help us get a better understanding of how your child does in a school setting, please give the Professional Sharing Information to your child's teacher and ask them to complete and send in form.

After we receive your Inclusion Profile:

A. We will contact you within 2 weeks to confirm receipt of application.

Hanover: People, Tradition and Spirit

- B. We will want to learn as much as we can about your child's needs, so an in-person meeting or visit to the child's school may be the best way to obtain a proper assessment if this is your child's first experience with Parks and Recreation's Summer Youth Camps.
- C. Applicants will receive **written notification** (via e-mail or US post) regarding the availability of a Therapeutic Recreation Aide as soon as possible. Notifications not scheduled to begin before March 15.

4. Register for program.

If you receive approval for the assistance of a TR Aide, your next step is to **register** and provide **payment** for your child for the **site/session(s)** indicated in your notification.

Registration will begin in April. Registration options will include **on-line registration, in-person registration** and **mail-in registration**. Exact details should be available on-line at www.hanovercounty.gov or www.hanoverparksrec.com in March.

5. Meet the TR Aide and see the site.

If you receive notification that a TR Aide has been assigned to work with your child, we encourage you and your child to come to meet the staff working at your child's **assigned site**. The site will be getting set up on **Thursday June 23**. The time from **11am-12noon** is an **Open House** for families using the help of a TR Aide. This will give you a chance to meet the TR Aide working with your child as well as see how the camp site is setup. You may also use this time to give other tips and suggestions about how we can help your child succeed in the program. Please note that the TR Aide working with your child may also be assigned to help others. *If the Open House time is not convenient for your family, we may be able to arrange an alternate time to meet.*

For further information about this program, please feel free to contact me.

Sincerely,

Devin Brown, CTRS
Recreation Coordinator
Hanover County Parks and Recreation
804-774-0135
dbrown@hanovercounty.gov



2016 Inclusion Profile for the help of a Therapeutic Recreation Aide for Hanover County's *Recreation Day Camps (Summer Sneakers, MEGA Middle or Discover Camps)*.

*Please complete this application as thoroughly as possible.

1. Complete and return this *Inclusion Profile*.
2. Distribute *Professional Sharing Information form* to your child's teacher and ask teacher to return to Parks and Recreation as soon as possible.
3. Register and pay for the program. Registration begins in early April. On-line registration at hanoverparksrec.com
4. Notifications of approval status for the help of a TR Aide will be sent as soon as possible.

Name of Child _____

Birthdate ____/____/____ Grade level child will be entering this fall: _____

Name(s) of Parent/Guardian _____

Mailing Address _____

Phone _____ Email address _____

How often is your child in an integrated (general education) setting at school?

- all day a few hours a day
- my child spends most/all of day in a self-contained classroom other: _____

Child's school: _____ Teacher name: _____

How often does your child have the assistance of an aide or paraprofessional at school?

- never throughout the day
- just during part of the day other: _____

The aide (or paraprofessional) that works with my child:

- is typically assigned to work with him/her on a 1:1 ratio other: _____
- is typically assigned to help other children as well as my child

What is your child's disability/presenting issue(s)? Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Intellectual Disability | |

Name of Child _____

What is the overall degree of the primary disability? mild moderate severe

Please check the appropriate category.

- | | | | |
|---|--|---|---------------------------------|
| My child plays well with other children. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child communicates thoughts well. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child follows directions well. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child gets anxious in large groups. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child does well with loud noises. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| When upset my child manages anger well. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child respects others' boundaries. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child physically harms self. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child physically harms others | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child handles losing well. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |
| My child is independent in personal care. | <input type="checkbox"/> always/most of time
<input type="checkbox"/> never | <input type="checkbox"/> sometimes
<input type="checkbox"/> NA | <input type="checkbox"/> rarely |

Has your child participated in Parks and Recreation programs or another integrated recreation programs previously? yes no

If yes, do you have any recommendations or suggestions based on your child's attendance in previous years?

Which activities at camp do you feel your child would enjoy the most?

Please list any specific social skills or recreational goals/objectives that your child is working on:

Please explain any behavior modification strategies/techniques/behavior plans used at home or in school to discourage inappropriate behavior and promote positive behaviors.

Name of Child _____

Are you planning on having your child attend summer school or ESY (extended school year) this summer? (If yes, please provide an idea of how much time your child would be in camp i.e: "child will be at the camp program from 12noon-end of day"). Efforts will be made to avoid scheduling field trips that conflict with ESY or summer school; however conflicts may still occur. Please check the course descriptions for dates/times of scheduled field trips when registering.

During the session, field trip(s) will be planned. Does your child require a school bus that has a lift or other special arrangements for transportation? yes no

Are there any field trips or other camp activities that you believe your child should not participate in? (Please see course descriptions for information on specific field trips and activities planned).

Please include any additional suggestions that may be of assistance in developing your child's Inclusion Plan. Please include them on this page or as an attachment. Thank you for providing all of the requested information, as it will enable us to provide the safest and most enjoyable opportunity for your child.

Please list the *Recreation Day Camps* (course information to be available at **hanoverparksrec.com** by April 1) that you are requesting the help of a TR Aide for your child:

Course Name/Number: _____ Site Location: _____

Course Name/Number: _____ Site Location: _____

Course Name/Number: _____ Site Location: _____

Open House: Would you and your child be able to attend one of the Open Houses (to help the TR Aide get to know your child)? Open Houses will be held on **Thursday June 23** from **11am-12noon** at the Summer Sneakers and MEGA Middle site locations.

_____ Yes _____ No _____ Don't know yet

Please complete and mail this form to: Hanover County Parks and Recreation
13017 Taylor Complex Lane
Ashland, VA 23005

or FAX to (804) 365-4696

or scan and e-mail to parksandrec@hanovercounty.gov

or drop off at one of our drop boxes:

Pole Green Community Center
8996 Pole Green Park Lane
Mechanicsville, VA 23116

Taylor Complex
13017 Taylor Complex Lane
Ashland, VA 23005



Professional Information Sharing Form

Dear Parent:

Please give this form to your child's teacher and encourage them to return this form to Hanover County Parks and Recreation. This will help us get an idea of how child does in school setting.

Dear Teacher:

The family of this child has requested the assistance of a Therapeutic Recreation Aide during Parks and Recreation day camp programs.

To help us allow the child to have the most successful experience possible, we'd like to learn a bit about what works for you in the classroom.

Please complete this form and return it to Hanover County Parks and Recreation. You can send it back to **Parks and Recreation** using the county inter-office mail system (the "pony"), FAX to 804-365-4696 or e-mail to parksandrec@hanovercounty.gov.

Sincerely,

Devin Brown, CTRS Recreation Coordinator

dbrown@hanovercounty.gov

804-774-0135

CHILD NAME: _____ **TEACHER:** _____

Please check all appropriate statements that best describe the characteristics of the above participant:

Participation Style

- Actively engages in activities
- Hesitant when introduced to activities
- Prefers to observe, stay on periphery
- Generally refuses to participate

Comments: _____

Information Processing

- Does not respond often to verbal questions
- Needs time to respond to verbal questions
- Responds appropriately to verbal questions

Comments: _____

Independence

- Persists on own until task is complete
- Needs some encouragement to complete tasks
- Needs 1 on 1 assistance to complete tasks
- Unable to finish most tasks even with assistance/encouragement

Comments: _____

Relationship to Authority

- Openly defiant to authority
- Occasionally questions authority
- Accepts and works well with an authority figure
- Clings to authority figure – prefers staff to peers

Comments: _____

CHILD NAME: _____

Group Skills

- Works cooperatively with others
- Does tasks independently while others are present, interaction with others is limited
- Needs prompting to work with peers
- Withdraws, isolates self from groups or others

Comments: _____

Environment for Participation

- 1 on 1 (staff assistance in self-contained setting)
- 1 on 4 (staff assistance in self-contained setting)
- 1 on 4 (staff assistance in an inclusion setting)
- 1 on 20 (staff assistance in an inclusion setting)

Comments: _____

Ability to Follow Directions

- Can follow simple verbal directions
- Can follow multiple verbal directions
- Needs occasional redirections
- Requires contact redirection

Comments: _____

Attention/Processing

- Duration of attention is less than 5 minutes
- Duration of attention is about 5 - 15 minutes
- Duration of attention can be 15 minutes or longer
- Has difficulty in large spaces (gym, cafeteria)
- Has tendency to leave group in unconfined spaces (playground, open field)

Comments: _____

Interfering Behaviors

- Child does not typically have interfering behaviors or outbursts
- Child has interfering behaviors occasionally
- Child has interfering behaviors frequently
- Child becomes emotional during an interfering behavior
- Child can become physical and/or violent during an interfering behavior

Comments: _____

General Considerations

Are there personal space/boundary issues that would be helpful to know?

Does this child need assistance with services of a personal care nature (i.e. using the bathroom, feeding, etc.)? If yes, please describe.

Please list some techniques in reinforcing positive behavior/discouraging inappropriate behavior (behavior plans) that have been successful.

Classroom Observation: Would a classroom observation of the child be permitted to help us create the best environment for child?