

PARTICIPANT SUPPLEMENTAL INFORMATION FORM

CITY OF SANTA BARBARA
Darkha
Recreation
Enriching People's Lives

	Parks & Recreation Departmen
B. at the state of	Adapted Programs
Participant	620 Laguna Street
Date	Santa Barbara, CA 93101
	(805) 564-5421
	www.sbparksandrecreation.com

The registration information submitted for the above participant indicated there are medications, disabilities, or special information we should know about. We would appreciate your cooperation in answering the following questions to better understand the participant's special needs. If more space is needed, feel free to provide an additional attachment or submit all information on a separate sheet of paper. It is the responsibility of the participant or, for minors and dependent adults, their custodial parent or legal guardian to disclose all relevant information regarding the participant's health and special needs.

Describe the specific disability or medical condition(s) of the participant and its effect on him or her.

COMMUNICATION

Describe the communication skills of the participant. Does he or she have difficulty communicating? If so, how does he or she react when frustrated due to inability to communicate with teacher, staff and peers?

BEHAVIOR

Does the participant have any behavior challenges of which staff should be aware such as: lacks impulse control, tends to wander off, is unaware of danger, can be physically aggressive, etc.? If the participant becomes oppositional, what usually triggers it and what is the best intervention?

<u>PERSONAL ASSISTANCE</u> Does the participant require any special personal assistance for example eating, toileting, dre	essing, etc.?
HEALTH CONCERNS Expand on any health issues or concerns of the participant such as: surgeries, diabetes, a distress, heart difficulties, diseases, allergies, open wounds, etc.	asthma, respiratory
PHYSICAL DISABILITIES Does the participant have a physical disability (mobility, visual or hearing impairment) participant be using any assisted device such as a wheelchair, stroller, walker, hearing aid et	
OTHER INFORMATION Indicate any other information you would like to share about the participant. This may include most and least favorite activities.	de the participant's
Signature of participant OR, for minors and dependent adults, the custodial parent or	
✓ Signature Print Full Name	Date