



## PARTICIPANT ADD/ADHD INFORMATION FORM



Participant \_\_\_\_\_

Date \_\_\_\_\_

**Parks & Recreation Department**  
Adapted Programs  
620 Laguna Street  
Santa Barbara, CA 93101  
(805) 564-5421  
[www.sbparksandrecreation.com](http://www.sbparksandrecreation.com)

The registration information submitted for the above participant indicated the participant has ADD or ADHD. We would appreciate your cooperation in answering the following questions to better understand their needs. If more space is needed, feel free to provide an additional attachment or submit all information on a separate sheet of paper.

**Describe the effect of ADD or ADHD on the participant.**

**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?

**PERSONAL ASSISTANCE**

Does the participant require any special personal assistance?

**OTHER INFORMATION**

Indicate any other information you would like to share about the participant. This may include the participant's most and least favorite activities.

The participant:

- Needs extra support
- Does not need extra support
- I am not sure if extra support is needed

**Signature of participant OR, for minors and dependent adults, the custodial parent or legal guardian:**

✓ Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_