



HIGHLANDS RANCH COMMUNITY ASSOCIATION  
THERAPEUTIC RECREATION

# THERAPEUTIC RECREATION INDIVIDUAL SERVICE PLAN

Please complete all applicable information and sign in the appropriate area. This form must be on file prior to the start of any program participation.

## GENERAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M or F

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Disability: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_ Date of onset: \_\_\_\_\_

You may provide an IFSP or IEP.

Agency Involvement: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY INFORMATION

Parent/guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone/pager: \_\_\_\_\_

Emergency Contact (parent unavailable): \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

1. Does the participant use a wheel chair/walking device? YES NO

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

2. Does the participant transfer? YES NO

3. Does the participant use orthopedic or prosthetic devices? YES NO

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

4. Does the participant have seizures? YES NO

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Comment: \_\_\_\_\_

5. If the participant has Down syndrome, have they been diagnosed with Atlanto-Axial Instability Condition?

YES NO

6. Please list prenatal information that would be relevant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**HIGHLANDS RANCH COMMUNITY ASSOCIATION  
THERAPEUTIC RECREATION**

7. Does the participant have allergies?      YES      NO  
 Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

8. Has the participant been exposed to/or have a contagious/infectious disease?      YES      NO  
 Has Disease: \_\_\_\_\_ Disease Exposed to: \_\_\_\_\_  
 Current Affect: \_\_\_\_\_ When Exposed: \_\_\_\_\_

9. Please check what is applicable to the participant and describe:

Past surgeries: \_\_\_\_\_

Pregnancy: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Heart Condition: \_\_\_\_\_

Stroke: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Physical restrictions: \_\_\_\_\_

Premature Birth: \_\_\_\_\_

Other: \_\_\_\_\_

10. Does the participant use any of the following:

Glasses                               Hearing aid(s)                               Diapers

Contact lenses                               Catheter                               Other: \_\_\_\_\_

11. Are there any medical recommendations and/or activities in which the participant may not participate?  
 YES      NO  
 Please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATION**

Medication	Dosage	Side Effects that may affect participation
_____	_____	_____
_____	_____	_____

I. Will the participant be taking medication during program hours?      YES      NO  
 If yes, must be able to self-medicate.

**COMMUNICATION**

I. How does the participant communicate?

Communicates verbally

Uses communication board/device

Uses sign language

Other: \_\_\_\_\_



# HIGHLANDS RANCH COMMUNITY ASSOCIATION THERAPEUTIC RECREATION

## **BEHAVIOR/PERSONALITY**

1. Briefly explain the participant's general mood and behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the participant have a specific behavior plan at home or school? YES NO

If yes, describe or attach copy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the participant have unusual fears or concerns for:

People: \_\_\_\_\_

Places: \_\_\_\_\_

Spaces: \_\_\_\_\_

Other: \_\_\_\_\_

4. Is the participant aggressive toward others:

Verbally: \_\_\_\_\_

Physically: \_\_\_\_\_

5. What is the participant's feeling about self:

Values self, shows self awareness: \_\_\_\_\_

Low self-esteem: \_\_\_\_\_

Physically aggressive towards self: \_\_\_\_\_

Makes negative comments/gestures about self: \_\_\_\_\_

6. Are there specific behavioral techniques/reinforcements that the participant responds to?

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If the participant becomes anxious or over-stimulated, are there any techniques that are helpful in calming the participant?

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is there any other pertinent information that might enhance the quality and safety of recreation participation for the participant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# HIGHLANDS RANCH COMMUNITY ASSOCIATION THERAPEUTIC RECREATION

## **LEISURE NEEDS AND INTERESTS**

### **Leisure/Recreation Skills (check each area that applies to the participant)**

- Able to let go and have fun
- Shows the desire to participate in leisure activities
- Able to demonstrate some recreation skills
- Able to participate without being overly competitive
- Able to demonstrate teamwork/cooperation
- Can make own choices about things to do
- Follows movement directions in active game play
- Waits for directions before starting activities
- Keeps self safe in activities
- Stays in the area provided for activities

### **Social Interaction (check each area that applies to the participant)**

- Maintains personal boundaries
- Listens when others are talking
- Demonstrates social etiquette for age
- Able to start and maintain a conversation
- Respects the rights of others
- Asks for what is wanted or needed appropriately
- Able to follow rules and directions
- Complies when denied own way
- Does what the group is doing

### **Constructive Use of Time (check each area that applies to the participant)**

- Attends activities
- Plans ahead, thinks before starting
- Asks about activities ahead of time
- On time for activities, ready to go
- Completes activities/stays for expected time period
- Finishes task work

### **Positive Values/Achievements (check each area that applies)**

- Tells others about activities
- Shows/expresses skills that are learned
- Offers to assist others
- Expresses concern about others
- Takes pride in personal appearance
- Takes pride in accomplishments
- Makes positive self-statements

What activities does the participant enjoy?

---

---



# HIGHLANDS RANCH COMMUNITY ASSOCIATION THERAPEUTIC RECREATION

## **PERSONAL CARE**

It is the HRCA Therapeutic Recreation program policy that all personal care, including but not limited to transfers and medication administration if required, are the responsibility of the participant, guardian, or caregiver.

## **CANCELLATION/BILLING POLICY**

Our staffing for 1:1 instruction is arranged by appointment. An appointment cancellation with less than 24 hours notice will result in a charge equal to the hourly fee.

**NOTICE:** By enrolling or participating in any program and recreational activity provided or sponsored by the Highlands Ranch Community Association, Inc. (HRCA), members and guests acknowledge and agree that there are certain risks inherent in the programs and activities conducted at HRCA’s recreational facilities or off-site programs, which the members and guests assume. By enrolling or participating in any program or recreational activity, members and guests agree to waive any claim of liability against HRCA and its members, directors, officers, agents, employees, contractors, related entities and affiliates and their agents, and employees, arising out of any loss, injury, or death attributed to such risks and the use of HRCA’s recreation facilities or off-site programs. Also, by enrolling or participating in any program, recreational activity, or event, members and guests agree that HRCA or any sponsor may subsequently use for publicity and/or promotional materials (posters, web sites, or other merchandise) photos of them participating without further obligation or liability from them.

**Responsibility for Emergency Care:** In consideration of the possibility of an accident, PARTICIPANT or PARTICIPANT’S parents or legal guardian hereby consents to emergency transportation and treatment necessary in the event of injury or illness. PARTICIPANT or PARTICIPANT’S parents or legal guardian hereby accepts responsibility for the payment of any emergency transportation and treatment expenses and any subsequent medical bills. PARTICIPANT or PARTICIPANT’S parents or legal guardian acknowledges that HRCA has not purchased any health or accident insurance to cover such expenses.

**Physician’s Examination:** PARTICIPANT or PARTICIPANT’S parents or legal guardian understands and agrees that, although a physician’s examination is not required to participate in the programs and activities offered by the HRCA in the Therapeutic Recreation program, that it is highly advisable that PARTICIPANT consult with and be examined by a physician before participating in any athletic and/or strenuous activities.

**Appropriate Social Behavior:** Participants will demonstrate appropriate social behavior. Continuous unsafe behaviors (hitting, kicking, self-abusing, verbal outbursts, or refusal to stay or participate, with group/activity) cannot not be tolerated in the community recreation setting. When this type of behavior is demonstrated in the recreation setting, the Therapeutic Recreation staff member will provide intervention that is appropriate for the developmental age and ability of the participant. If the participant is unable to respond to the intervention, the participant’s parent/guardian will be notified and the parent/guardian will be asked to pick up the participant from the program.

If the participant is to continue in the Therapeutic Recreation program, the parent/guardian must consult with the Therapeutic Recreation staff and, when indicated, a behavioral plan will be designed by the Therapeutic Recreation Specialist, in conjunction with the parent or guardian.

*“We are working diligently to provide a clean, safe environment for you, but with all things related to COVID-19 there is inherent risk. It is up to you to choose to use the HRCA amenities, knowing that you assume risk when gathering with other people and visiting other facilities.”*

---

**Participant and/or Parents or Legal Guardian, if applicable**

**Date**



# HIGHLANDS RANCH COMMUNITY ASSOCIATION THERAPEUTIC RECREATION

\_\_\_\_\_

## **PARTICIPANT AVAILABILITY**

Please indicate the best times and days for participation

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

## **FOR OFFICE USE ONLY:**

### **THERAPEUTIC RECREATION PROGRAM RECOMMENDATIONS**

- 1:1/Personal Instruction
- Special Olympics
- Group Instruction
- Social Activities

### **ACTIVITY FOCUS**

- Social Interaction
- Emotional/functional
- Constructive use of time
- Leisure/recreation skills
- Positive values
- Physical fitness/movement skills
- Self-control
- Cognitive development

**Goals:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Program Recommendations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THERAPEUTIC RECREATION SPECIALIST:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THERAPEUTIC RECREATION SPECIALIST ASSIGNED:** \_\_\_\_\_