Summer 2020
Inclusion Packet

UPDATED INFORMATION
JUNE 2020

All forms remain the same. If you have already completed the forms you do not have to redo them.
Please read updated information.
COVID-19

- Please be aware that as more information comes to light, programs and events may be altered or canceled in accordance with local guidelines regarding Covid-19.
- If we cancel a program, you will not be charged a cancellation fee. However, our $10 cancellation fee will still be in effect if you choose to cancel out of a program that runs.

Registration

- Please register ONLINE for the program you wish for your child to participate in (only exception: Club Simonds)
  - This paperwork does NOT serve as a registration it only indicates that you would like inclusion support.
  - If you do not register for the program you will not be allowed to attend.
  - Registration is limited to 3 weeks maximum for Club Simonds, Modified Club Simonds, Preschool Art, Parks Place and Middle School Park Place.
  - Registration is limited to 1 week maximum until June 1st for gymnastics at BHS
  - If you are interested in registering for Club Simonds with inclusion support please contact Emma Jones, CTRS directly to register.

Paperwork

- All forms must be completed and returned as soon as possible to receive inclusion support.
- It may take up to two weeks for inclusion services to begin.
- Everyone is required to either have a phone or in person inclusion interview with therapeutic recreation administrative staff.
- The inclusion parent packet is required paperwork that must be filled out with updated information every summer.
- New participants must complete the inclusion parent packet and a set of intake forms.
Dear Parents/Guardians,

We are preparing for another fun summer at Burlington Parks and Recreation! The purpose of this packet is to give you an overview of how inclusion services work, answer frequently asked questions and provide you with all the required paperwork.

You are receiving this packet because you have registered for one or more summer programs and you have indicated at some point that your child may require additional staff support in order to be successful in a group recreation setting.

Our trained support staff members are available to work with participants requesting inclusion support within a ratio that is appropriate for your participant. During the summer, we follow a group inclusion model to allow participants more independence and autonomy. Support staff will be available to provide appropriate social, emotional and behavioral support as necessary, but will only be paired as 1:1 support on an as-needed basis, pending assessment by our therapeutic recreation administrative staff. If your child requires consistent 1:1 support for medical or behavioral reasons, we welcome their home therapist, PCA, or other aide to attend programs to provide such support after successfully completing a direct service provider packet and CORI background check through our office. Presently under Phase II guidelines related to COVID-19 outside visitors including Direct Support Professionals are not allowed in programs. As soon as we are able to have Direct Support Professionals return to programs we will. We will work to provide inclusion services in their place until this guideline is changed. I am happy to coordinate with Direct Support Professional's to keep inclusion services consistent for participants.

Please read through this entire packet and set up your inclusion meeting with our Therapeutic Recreation Specialist. All forms in this packet are required to be filled out completely and returned to our office as soon as possible. Please fill out the forms thoroughly and accurately as inclusion plans are written based off the information provided in this paperwork, the inclusion meeting and the therapeutic recreation administrative staff's assessment of the participant. The inclusion plans are distributed to the support staff working with your family member so they can form an understanding of how to best support them within our programs.

If you have any questions regarding the inclusion process, summer programs or the type of support we are able to provide for your participant please do not hesitate to contact me at 781-270-1937 or ejones@burlington.org. We are looking forward to a great summer and hope you are as well!

Thank you,

Emma Jones, CTRS
Therapeutic Recreation Specialist
In this packet please find and return:

- Inclusion Support Application
- About Me Page
- Tips & Tools Page
- Summer Assessment Form

For your calendar:

- Inclusion open house - Thursday, June 25th
- I scheduled my inclusion meeting for ____________

Contact Information: **Emma Jones, CTRS**

**Email:** ejones@burlington.org  
**Direct Office Line:** 781-270-1937

**BPRD Main Office Line:** 781-270-1695

**Office Location:** 61 Center St. Burlington, MA

**Mailing Address:**  
Emma Jones, CTRS  
c/o Burlington Parks & Recreation Department  
29 Center St, Town Hall, Burlington MA 01803

**Helpful Tips!**

- Fill out all information accurately and completely
- Please be descriptive and honest about how we can best support the participant
- Share IEPs and behavior plans. If there are things that work at school and/or at home that we can carry over to your participant's recreation programs, it may be helpful to keep things predictable and consistent.
  - Examples: token boards, reinforcement schedules, visual schedules, communication boards, reinforcement/preferred items, toys, games and sensory items.
- Keep communication lines open! Feel free to email or call with any questions, concerns or feedback that you may have at ANY point over the summer. Drop off and pick up times are a great opportunity to check in with your participant's support staff member or program director, but can get a bit busy. It is a good idea to schedule meetings if you have something you would like to chat about!
At this time, we will require all children registered to receive summer inclusion support services to fill out a new and updated background information, titled “Summer Assessment Form”.

Be sure to include all updated information, needs, dietary restrictions, allergies, medications, behavioral concerns, etc.

Please be sure to fill out or update all forms accurately and completely. The more information you share, the more prepared we will be to support your child appropriately and guide them in a successful direction during their programs!

Forms will be reviewed by our Therapeutic Recreation Specialist and Recreation Therapist, and we will follow up on all pertinent information during our scheduled inclusion meeting.

Information will be shared with inclusion aides and program directors on as-needed basis in order for all team members to be on the same page during programs.

Once forms are returned and a meeting (in person or via phone) is completed, a “Summer Inclusion Plan” will be created for each participant identifying support methods and program modifications that will happen during programs to promote individual enjoyment and success.
2020 SUMMER INCLUSION SUPPORT APPLICATION

A private aide, specialist or behavior therapist will accompany my child to summer programs:

_____ YES  _____ NO

If yes, I will provide their contact information and schedule of accompaniment with my child to the therapeutic recreation administrative staff. I understand that they will be required to complete a successful CORI background check at the Parks & Recreation Office at least 2 weeks prior to the beginning of the program they will be attending. I further understand that the specialist accompanying my child must also complete a brief orientation with an administrator of the Therapeutic Recreation Division (either on the phone or in person), and both must complete and sign the Direct Service Professional Packet prior to being allowed to attend programs.

_____________________________________________________(Initial and Date)

Special instructions and/or comments regarding inclusion support for participant: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

I will provide (or) hereby give permission for my child's teacher to release his/her Individualized Education Plan to the Burlington Parks & Recreation Department, (as well as provide written or verbal communication) for use by the Inclusion Staff.

Yes _____  No _____

Signature of parent/guardian:

____________________________________________________Date: ____________________________
Child's Name: ________________________________________________________________

List 3 goals for participation:

What would you like your child to get out of their inclusion experience this summer?

1. ________________________________________________________________
   ________________________________________________________________

2. ________________________________________________________________
   ________________________________________________________________

3. ________________________________________________________________
   ________________________________________________________________

*Medications: Please know that we do not have a nurse on staff at Burlington Parks & Recreation (BPRD) programs, and therefore we are not able to hold or administer medications to participants. We can remind participants to take their medications as needed with signed notes from a parent or guardian. Meds must be kept in a safe and appropriate location out of reach of other participants.

Participant regularly takes the following medications: ________________________________
   ________________________________________________________________

Participant will independently take the following medications during BPRD Summer Programs:
(please provide type, dosage, and time): ________________________________
   ________________________________________________________________

Does the participant experience seizures (circle one):       YES       NO

If yes, please provide type, brief explanation, last known seizure, and known triggers: ______
   ________________________________________________________________
All known allergies (please include foods, materials, medications, insects, etc): ________________
______________________________________________________________________________________

Participant requires rescue medications (like EpiPen, inhaler, seizure meds, etc): ______________
______________________________________________________________________________________

Dietary restrictions/ special diet instructions: __________________________________________________
______________________________________________________________________________________

Mobility: please list any mobility concerns____________________________________________________
______________________________________________________________________________________

Communication - Please describe participant's communication skills and list any tools, devices or methods used as communication aides. _____________________________________________
______________________________________________________________________________________
Participant Name: __________________________________________________________

Mailing Address: __________________________________________________________

________________________________________________________________________

Name of Primary Guardian/First Contact: __________________________________

Email Address: ___________________________ Cell Number: _____________________

Participant is registered for the following Summer 2020 Programs:

Filling out the activity number below does NOT count as registration.

1. ________________________________ Activity # __________________________
2. ________________________________ Activity # __________________________
3. ________________________________ Activity # __________________________
4. ________________________________ Activity # __________________________
5. ________________________________ Activity # __________________________
6. ________________________________ Activity # __________________________
7. ________________________________ Activity # __________________________
8. ________________________________ Activity # __________________________
9. ________________________________ Activity # __________________________
10. _________________________________ Activity # _________________________

Diagnosis and/or nature of participant's needs: ________________________________

________________________________________________________________________

________________________________________________________________________

Type of support typically required for participant's success in a recreation setting:

______ Group/Social Support
______ 1:1 Support
______ ADL/medical type support/full assistance
______ Not Sure
My name is ______________________________

My friends call me ____________________

I am _______ years old

The school I go to is ____________________

I will be in grade _________ in the fall

My favorite things include: ____________________________________________________________

_______________________________________________________________________________

Some things I do NOT like are: _____________________________________________________

_______________________________________________________________________________

Things/Situations that might be hard for me: __________________________________________

_______________________________________________________________________________

When I get upset, it looks like this: ________________________________________________

_______________________________________________________________________________

Here are some things that help calm me down: ________________________________________

_______________________________________________________________________________

I'm really good at: ________________________________________________________________

_______________________________________________________________________________

Here are some other things I want you to know about me: ________________________________

_______________________________________________________________________________

_______________________________________________________________________________
Tips & Tools

Please fill out this page to give us a better understanding of your child’s behaviors, skills and needs.

Has your child attended Recreation Department programs before?  Yes  No

Does your child run away/bolt unexpectedly?  Yes  No

Does your child exhibit any physically aggressive behaviors? (Ex: hitting, biting, kicking, scratching)
  Yes  No  If yes, towards self or others?

Please list any possible triggers for aggressive behaviors:


Does your child show an interest in interacting with their peers?  Yes  No

Is your child easily agitated/annoyed by others?  Yes  No

Is your child able to manage their belongings?  Yes  No

Does your child have a short attention span?  Yes  No

Does your child prefer independent activities or group activities?
  Independent  Group

Is your child able to follow the rules of a game?  Yes  No

Does your child have difficulty sharing items or taking turns?  Yes  No

Is your child able to follow directions?  Yes  No
  * My child can follow: __1-step directions
  __2-step directions
  __3-step directions

Is your child sensory sensitive and/or sensory seeking?  Sensitive  Seeking
  * Please explain:

How does your child do with activity transitions?  Great  OK  Not Well

What do you do at home/school to prepare your child for a transition?
Are there any tools you use at home or school that might also be helpful during rec programs? Yes  No

Tools used for transitions/breaks/activities: (circle all that apply)
Timer  Social Stories  Visual Schedules  Written Schedules  Verbal Warnings/Reminders
Other: __________________________________________________________

What behaviors does your child exhibit when scared/nervous/uncomfortable? ______________________________________________________
________________________________________________________________________________________

Will your child ask for a break if they are feeling nervous/overwhelmed/tired? Yes  No
If no, are there any signs we should look out for to prompt a break? Yes  No
Please list: __________________________________________________________

Are there any items you will send with your child from home that will help with transitions, to use during a break, or to help your child calm down if upset? Yes  No
If yes, please list items: __________________________________________________________

Will your child tell the staff if they need to use the bathroom? Yes  No

Please list 3 recreation, social, and/or skill based goals that you have for your child while they are at recreation department programs:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

Any other odds and ends we should be aware of before your child attends any programs:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________