

# Participant Modification Information (PMI) Form

## Arlington County Therapeutic Recreation

If anything is “not applicable” please write “N/A” in any comments sections. Also, if at any time you need more room to comment, please use the recommendations for support sections at the end of this form

### Background Information

Participant Name:	Nickname:	Date of Birth:
Parent(s)/Guardian(s) Name(s):	Parent(s)/Guardian(s) Email(s):	Parent(s)/Guardian(s) Phone(s):
Person completing this form:	Relationship to participant:	Date completed:
Allergies/Medical Precautions:	Diagnosis/Diagnoses:  <i>(This information will be removed when sharing with program staff)</i>	
Language(s) spoken at home:		
Preferred Recreational Activities:	Non-preferred Recreational Activities:	
Motivators:		

Communication Methods		Comments
Spoken Voice	<input type="checkbox"/>	
Sign Language (ASL or SEE)	<input type="checkbox"/>	
Augmentative and Alternative Communication Device	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Using preferred method of communication, he/she can:	Independently	With Partial Assistance	With Total Assistance	Comments
Communicate clearly in all domains (be understood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Request help with a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicate personal needs (bathroom, hunger, pain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Social	Independently	With Partial Assistance	With Total Assistance	Comments
Socially interacts with peers		<input type="checkbox"/>	<input type="checkbox"/>	
Initiates conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please list preferred topics of conversation:</i>
Maintains conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allows other to take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Behavioral Cues		
Please check any of the following types of triggers that staff should be aware of in order to provide proactive support.		
<input type="checkbox"/> Transitions	<input type="checkbox"/> Sharing	<input type="checkbox"/> Noise
<input type="checkbox"/> Hunger	<input type="checkbox"/> Touch	<input type="checkbox"/> Large Space
<input type="checkbox"/> Small Space	<input type="checkbox"/> Authority	<input type="checkbox"/> Not getting their way
<input type="checkbox"/> Unannounced change in schedule or routine	<input type="checkbox"/> Light	<input type="checkbox"/> Temperature
<input type="checkbox"/> Certain time of day	<input type="checkbox"/> Heights	<input type="checkbox"/> Other
Comments		
Please use the space below to share any additional information about what you have checked above.		

Behavior	Independently	With Partial Assistance	With Total Assistance	Comments
Uses appropriate language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keeps hands and feet to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses supplies and/or equipment properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helps with a task when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can cope with being told "no"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacts positively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Likes to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can stay on task for a preferred activity for 10+ minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can stay on task for a <b>NON-</b> preferred activity for 10+ minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Activities of Daily Living	Independently	With Partial Assistance	With Total Assistance	N/A	Describe assistance needed <i>(Leave blank if N/A)</i>
Uses a wheelchair or other mobility device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b><i>Please list or describe mobility device(s):</i></b>
Ability to transfer to and from wheelchair or other mobility device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Undressing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Recognize the need to use restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Using the restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><i>If you indicated that assistance is needed, we will send you a toileting permissions form.</i></b>
Other					

<b>Participant can:</b>	<b>Independently</b>	<b>With Partial Assistance</b>	<b>With Total Assistance</b>	<b>Comments</b>
Follow 1-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows 2-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows multi-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please let us know if your participant learns best visually, with physical prompting, etc.				

<b>Recreation</b>						
Please check all that can be done independently and provide any additional supports needed in comments section.						
<b>Aquatics</b>	walks on pool deck <input type="checkbox"/>	responds to lifeguard whistle <input type="checkbox"/>	comfortable in water <input type="checkbox"/>	face in water <input type="checkbox"/>	hold breath for 3-5 seconds <input type="checkbox"/>	<b>Comments:</b>
	can float <input type="checkbox"/>	swim <input type="checkbox"/>	treads water <input type="checkbox"/>	jumps from side <input type="checkbox"/>	jumps from diving board <input type="checkbox"/>	
<b>Movement</b>	balance when standing <input type="checkbox"/>	balance when walking <input type="checkbox"/>	can jump with two feet <input type="checkbox"/>	can hop on one foot <input type="checkbox"/>	can tumble/roll <input type="checkbox"/>	<b>Comments:</b>
<b>Art</b>	holds writing utensil <input type="checkbox"/>	uses scissors <input type="checkbox"/>	uses glue appropriately <input type="checkbox"/>	knows colors <input type="checkbox"/>	comfortable being messy <input type="checkbox"/>	<b>Comments:</b>
<b>Sports</b>	catch a ball <input type="checkbox"/>	kick a ball <input type="checkbox"/>	hit a target (aim) <input type="checkbox"/>	run <input type="checkbox"/>	Uses sports equipment as intended <input type="checkbox"/>	<b>Comments:</b>
<b>Other</b>						

<b>Safety Awareness</b>	<b>Independently</b>	<b>With Partial Assistance</b>	<b>With Total Assistance</b>	<b>Comments</b>
Will stay with the group during an activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will stay with the group during transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will stay with the group during downtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognizes danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can safely cross a busy street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is safe with self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can communicate name and phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please explain preferred method of communicating this information:</i>

<b>For participants with a Road ID, Project Lifesaver tracker or other service:</b>	
Name of tracking device:	Id #:
Who to contact:	Other information:

<b>Recommendations for Support</b> Please check all that apply.
--

<input type="checkbox"/> Social stories	<input type="checkbox"/> Verbal prompts	<input type="checkbox"/> Physical prompts
<input type="checkbox"/> Hand over/under hand prompting	<input type="checkbox"/> Modeling	<input type="checkbox"/> Peer buddy
<input type="checkbox"/> Visual cues	<input type="checkbox"/> Visual schedule	<input type="checkbox"/> Timer
<input type="checkbox"/> Incentives	<input type="checkbox"/> Other:	

<b>Comments</b> Please use this space to make us aware of anything else that will help best support your participant such as supports being used at school and/or home.
--

--

## For Therapeutic Recreation Office Use Only

The information provided above will be used to create a modification plan below that will be shared with staff to help facilitate a positive recreational experience.

### General Goals:

- To develop appropriate social interactions with peers and staff
- To positively participate in activities while remaining on task for 5-10 minutes
- To develop effective ways to manage emotions with appropriate coping skills
- To respond to verbal and non-verbal staff instructions the first time they are asked

### To best support participant in a recreational setting staff will:

We make every effort to maintain confidentiality. By signing below, you are indicating that the information listed above is accurate, the modification plan is appropriate and you are granting the Arlington County Therapeutic Recreation Office permission to share the following information (electronically or verbally) with any pertinent staff.

### Please check all that apply:

- Participant Modification Plan (PMP) above
- Past camp experiences (i.e., setting, successes, challenges)
- Recommendations for support (i.e., does not require additional staff, needs a specific modification, lowered ratio, 1:1:)

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

Entering your name in this box serves as your electronic signature

\_\_\_\_\_  
Date