



CHICAGO PARK DISTRICT
SPECIAL RECREATION

ANNUAL INFORMATION FORM (A.I.F.)



THE A.I.F. CONTAINS EXTREMELY IMPORTANT PARTICIPANT INFORMATION WHICH IS NECESSARY FOR THE CHICAGO PARK DISTRICT SPECIAL RECREATION STAFF TO PLAN AND EXECUTE SAFE AND ENJOYABLE PROGRAMS. THIS FORM IS MANDATORY AND WILL HELP THE STAFF SERVE THE PARTICIPANT BETTER AND SAFER.

THIS FORM MUST BE COMPLETED AT THE BEGINNING OF A SESSION, SIGNED, DATED & UPDATED PER SESSION -COMPLETING A NEW FORM ANNUALLY. PLEASE ANSWER ALL THE QUESTIONS IN THEIR ENTIRETY (PLEASE PRINT). DATE: \_\_\_\_\_

PARTICIPANT INFORMATION (PLEASE PROVIDE CURRENT PHOTOGRAPH)

SEC. A

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_
IS PARTICIPANT HIS/HER OWN GUARDIAN? [ ] YES [ ] NO NICKNAME \_\_\_\_\_ AGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ PRIMARY LANGUAGE USED AT HOME \_\_\_\_\_
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER [ ] M [ ] F HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

PRIMARY DIAGNOSIS \_\_\_\_\_ SECONDARY DIAGNOSIS \_\_\_\_\_
CURRENT MEDICATIONS (DOSE& FREQUENCY) \_\_\_\_\_

ALLERGIES \_\_\_\_\_ DIETARY RESTRICTIONS \_\_\_\_\_

IS PARTICIPANT SUBJECT TO SEIZURES? [ ] YES [ ] NO TYPE & FREQUENCY \_\_\_\_\_ DATE OF LAST SEIZURE \_\_\_\_/\_\_\_\_/\_\_\_\_
DOES PARTICIPANT REQUIRE REST AFTER SEIZURE? [ ] YES [ ] NO ANY SEIZURE CONTROLLED MEDICATION? [ ] YES [ ] NO IF YES, NAME: \_\_\_\_\_

DOES PARTICIPANT HAVE ANY DOCTOR RESTRICTIONS? [ ] YES [ ] NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

IF PARTICIPANT HAS DOWN SYNDROME, HAS HE/SHE BEEN TESTED FOR ATLANTOAXIAL INSTABILITY? [ ] YES [ ] NO
IF YES, WERE THE RESULTS POSITIVE? [ ] YES [ ] NO

MOBILITY [ ] WALKS INDEPENDENTLY [ ] USES MANUAL WHEELCHAIR [ ] USES MOTORIZED WHEELCHAIR [ ] USES OTHER DEVICES
CHECK ALL THAT APPLY: [ ] CANE [ ] BRACES [ ] WALKER [ ] CRUTCHES [ ] CONTACT LENSES [ ] ORTHOPEDIC DEVICES
[ ] DENTURES [ ] GLASSES [ ] PROSTHESIS [ ] OTHER \_\_\_\_\_ EXPLAIN \_\_\_\_\_

CONTACT INFORMATION

SEC. B

PRIMARY CONTACT

FIRST, MIDDLE & LAST NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_
ADDRESS STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
EMAIL \_\_\_\_\_
PHONE # [ ] HOME \_\_\_\_\_ [ ] CELL \_\_\_\_\_ [ ] WORK \_\_\_\_\_

\*\*PLACE A CHECKMARK BESIDE THE PHONE NUMBER YOU WOULD LIKE US TO USE FIRST\*\*

SECONDARY CONTACT

FIRST, MIDDLE & LAST NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_
ADDRESS STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
EMAIL \_\_\_\_\_
PHONE # [ ] HOME \_\_\_\_\_ [ ] CELL \_\_\_\_\_ [ ] WORK \_\_\_\_\_

\*\*PLACE A CHECKMARK BESIDE THE PHONE NUMBER YOU WOULD LIKE US TO USE FIRST\*\*

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_
MEDICAL INSURANCE \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

SCHOOL/PLACE OF EMPLOYMENT \_\_\_\_\_ TEACHER/SUPERVISOR \_\_\_\_\_
GROUP HOME/RESIDENTIAL FACILITY \_\_\_\_\_ MANAGER/CASE WORKER \_\_\_\_\_



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**DAILY LIVING SKILLS**

**SEC. C**

- EATING**     EATS INDEPENDENTLY                       NEEDS TO BE MONITORED                       NEEDS ASSISTANCE    EXPLAIN \_\_\_\_\_
- BATHROOM**     TOILETS INDEPENDENTLY                       NEEDS TO BE MONITORED                       NEEDS ASSISTANCE    EXPLAIN \_\_\_\_\_
- DRESSING**     DRESSES INDEPENDENTLY                       NEEDS SOME ASSISTANCE                       CANNOT DRESS INDEPENDENTLY    EXP. \_\_\_\_\_

- COMMUNICATION**     VERBAL: SPEAKS CLEARLY                       VERBAL: DIFFICULT TO UNDERSTAND                       HAS DIFFICULTY EXPRESSING NEEDS                       GESTURES/POINTS
- USES SIGN LANGUAGE                       USES HEARING DEVICES/HEARING AIDS                       USES A COMMUNICATION BOARD/SCHEDULE/PICTURES
- EXPLAIN: \_\_\_\_\_

- TRANSPORTATION**     SCHOOL BUS                       PARENTS/GUARDIANS DROP-OFF                       CDT/PACE                      **ALLOWED TO SELF-TRANSPORT?**                       YES     NO
- OTHER \_\_\_\_\_                      EXPLAIN \_\_\_\_\_

**\*\*CHECK ALL THAT APPLY\*\***

**INTERACTION/SOCIALIZATION SKILLS**

**SEC. D**

- SWIMMING**                       SWIMS INDEPENDENTLY                       CAN SWIM A LITTLE                       CANNOT SWIM AT ALL                       EXTREME FEAR OF WATER
- EXPLAIN \_\_\_\_\_

- SOCIAL INTERACTION**     INITIATES SOCIAL INTERACTION ON OWN                       SOCIALIZES WITH VERBAL PROMPTING                       AVOIDS SOCIAL INTERACTIONS
- EXPLAIN \_\_\_\_\_

- PREFERS BEING**                       ALONE                       WITH PEERS                       WITH ADULTS                      EXPLAIN \_\_\_\_\_
- IS MOST SUCCESSFUL IN**     LARGE GROUPS                       SMALL GROUPS                       OTHER                      EXPLAIN \_\_\_\_\_
- RESPONDS BETTER TO**     MALES                       FEMALES                       EITHER                      EXPLAIN \_\_\_\_\_

**PLEASE LIST ANY SENSORY ISSUES THE PARTICIPANT MAY HAVE:** \_\_\_\_\_

**BEHAVIOR/ CONDUCT**

**SEC. E**

- FOLLOWING DIRECTIONS**     CAN FOLLOW DIRECTIONS INDEPENDENTLY                       NEEDS VERBAL PROMPTING                       NEEDS STEP-BY-STEP ASSISTANCE – EXP. BELOW
- EXPLAIN: \_\_\_\_\_

- CHECK ALL THAT APPLY:**
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> SHORT ATTENTION SPAN                     | <input type="checkbox"/> EASILY DISTRACTED  | <input type="checkbox"/> HYPERACTIVITY        | <input type="checkbox"/> TENDENCY TO WANDER OFF        |
| <input type="checkbox"/> MANIPULATIVE                             | <input type="checkbox"/> VERBAL OUTBURST    | <input type="checkbox"/> INSTIGATES BEHAVIOR  | <input type="checkbox"/> SELF-ABUSIVE BEHAVIORS        |
| <input type="checkbox"/> TAKES OTHER PEOPLES BELONGINGS           | <input type="checkbox"/> TANTRUMS/MELTDOWNS | <input type="checkbox"/> OPPOSITIONAL/DEFIANT | <input type="checkbox"/> PHYSICAL AGGRESSION TO OTHERS |
| <input type="checkbox"/> PUSHING                                  | <input type="checkbox"/> HITTING            | <input type="checkbox"/> SPITTING             | <input type="checkbox"/> BITING                        |
| <input type="checkbox"/> HAIR PULLING                             | <input type="checkbox"/> THROWING           | <input type="checkbox"/> SCRATCHING           | <input type="checkbox"/> TAPPING/STEMMING              |
| <input type="checkbox"/> LIST OTHER INAPPROPRIATE BEHAVIORS HERE: |   |   | <input type="checkbox"/> KICKING                       |
|   |   |   | <input type="checkbox"/> REPETITIVE BEHAVIORS          |

**IF YOU CHECKED YES TO ANY BEHAVIORS ABOVE, PLEASE PROVIDE A DETAILED EXPLANATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT ARE KNOWN TRIGGERS TO THE BEHAVIORS ABOVE:** \_\_\_\_\_

\_\_\_\_\_

**DOES THE PARTICIPANT RESPOND TO SPECIFIC BEHAVIOR MANAGEMENT TECHNIQUES USED AT HOME, SCHOOL, OR WORK?**  YES     NO

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

**DOES THE PARTICIPANT HAVE UNUSUAL FEARS OR CONCERNS?**  YES     NO    EXPLAIN: \_\_\_\_\_

\_\_\_\_\_



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**SAFETY- REGARDING THE PARTICIPANT**

**SEC. F**

- WILLING TO STAY WITH THE GROUP?       YES       NO
- CAN RECOGNIZE DANGER?                 YES       NO
- MAY WANDER OR RUN?                   YES       NO
- CAN MANAGE OWN MONEY?               YES       NO
- CAN BE RESPONSIBLE FOR OWN BELONGINGS?     YES       NO

ADD ANY ADDITIONAL INFORMATION NOT ALREADY NOTED IN THE ANNUAL INFORMATION FORM IN THIS SECTION:

CUT/PASTE CURRENT PHOTO HERE

DATE PHOTO INSERTED: \_\_\_\_\_

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**WINTER SESSION – YEAR \_\_\_\_\_**       CHECK/SKIP IF NOT REGISTERED

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/GUARDIAN/PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

SR STAFF INITIALS

**SPRING SESSION – YEAR \_\_\_\_\_**       CHECK/SKIP IF NOT REGISTERED

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/GUARDIAN/PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

SR STAFF INITIALS

**SUMMER SESSION – YEAR \_\_\_\_\_**       CHECK/SKIP IF NOT REGISTERED

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/GUARDIAN/PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

SR STAFF INITIALS

**FALL SESSION – YEAR \_\_\_\_\_**       CHECK/SKIP IF NOT REGISTERED

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/GUARDIAN/PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

SR STAFF INITIALS

**A NEW A.I.F. SHOULD BE COMPLETED ANNUALLY**

\*\*NOTE: THE ANNUAL INFORMATION FORM MUST BE COMPLETED AT THE BEGINNING OF THE FIRST SESSION. PLEASE LET US KNOW IF ANY INFORMATION CHANGES DURING THE YEAR. ALL APPLICABLE MEDICAL FORMS MUST BE COMPLETED/UPDATED EACH SEASON. PLEASE NOTIFY US OF CHANGES IN MEDICATION THAT OCCUR DURING THE YEAR\*\*