

Community-Based Recreation: Designing Programs for School-Aged Children with Disabilities



Session will begin at 2 pm ET

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 - Windows: Ctrl+F8
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- Close captioning window
 - Windows: Alt+F4 or Ctrl+W
 - Mac: Command-W
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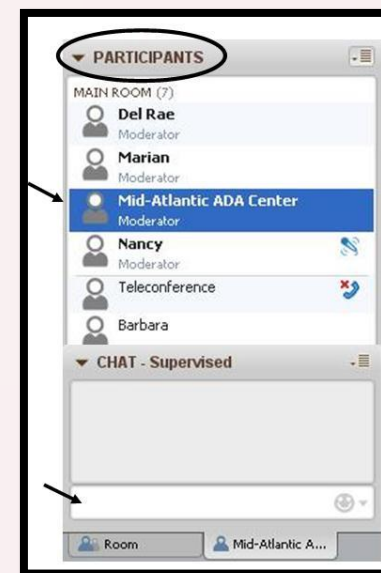
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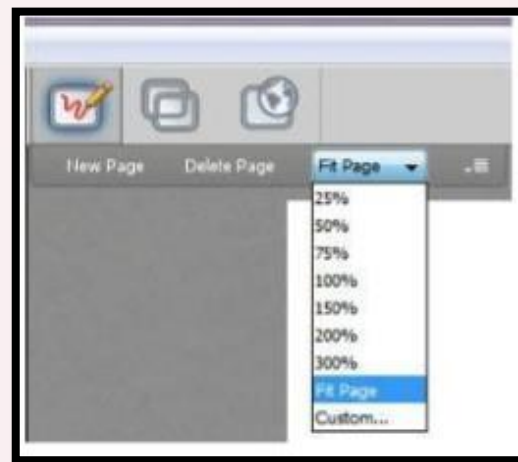
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- Mobile device
 - CHAT area within the app
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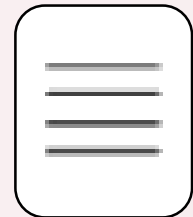
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 - Drop down menu above and to the left of the whiteboard; default is “fit page”



Customize Your View continued

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About Your Hosts...

- **TransCen, Inc.**
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- **Mid-Atlantic ADA Center, a project of TransCen, Inc.**
 - Funded by National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Administration for Community Living, U.S. Department of Health and Human Services



Community-Based Recreation: Designing Programs for School-Aged Children with Disabilities

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Corey Smith, CPRP, LRT/CTRS

Maryland-National Capital Park and Planning Commission
Prince George's County Department of Parks and Recreation



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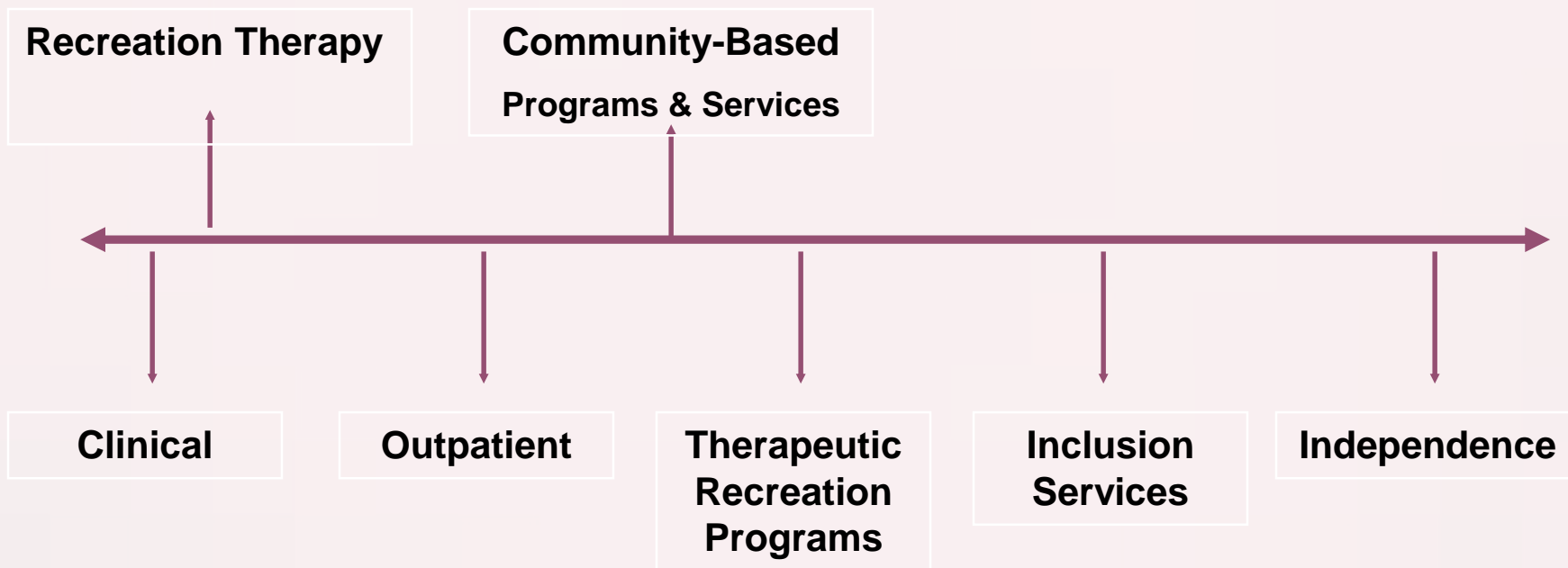
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Recreation

Objectives

Participants will be able to:

1. Discuss the continuum of Therapeutic Recreation as it relates to community-based parks and recreation programs.
2. Identify 3 methods of building structure within a program.
3. Develop 3 - 5 ways to establish expectations that are clear and transparent.
4. Analyze the needs of the program participant through assessment tools to develop reasonable accommodations.

Continuum of Therapeutic Recreation





Structure



Routine

Building Program Structure

- Establish routines
- Age appropriate activities
- Choices within the program/activity
- Effective transitions

Setting Clear Rules & Expectations

- Establish and post
 - Rules and consequences
- Be clear and transparent
- Set realistic boundaries
- Provide consistent monitoring and enforcement
- Use words, pictures and visuals

Choosing a Program

Specialized Programs vs. Inclusive Settings

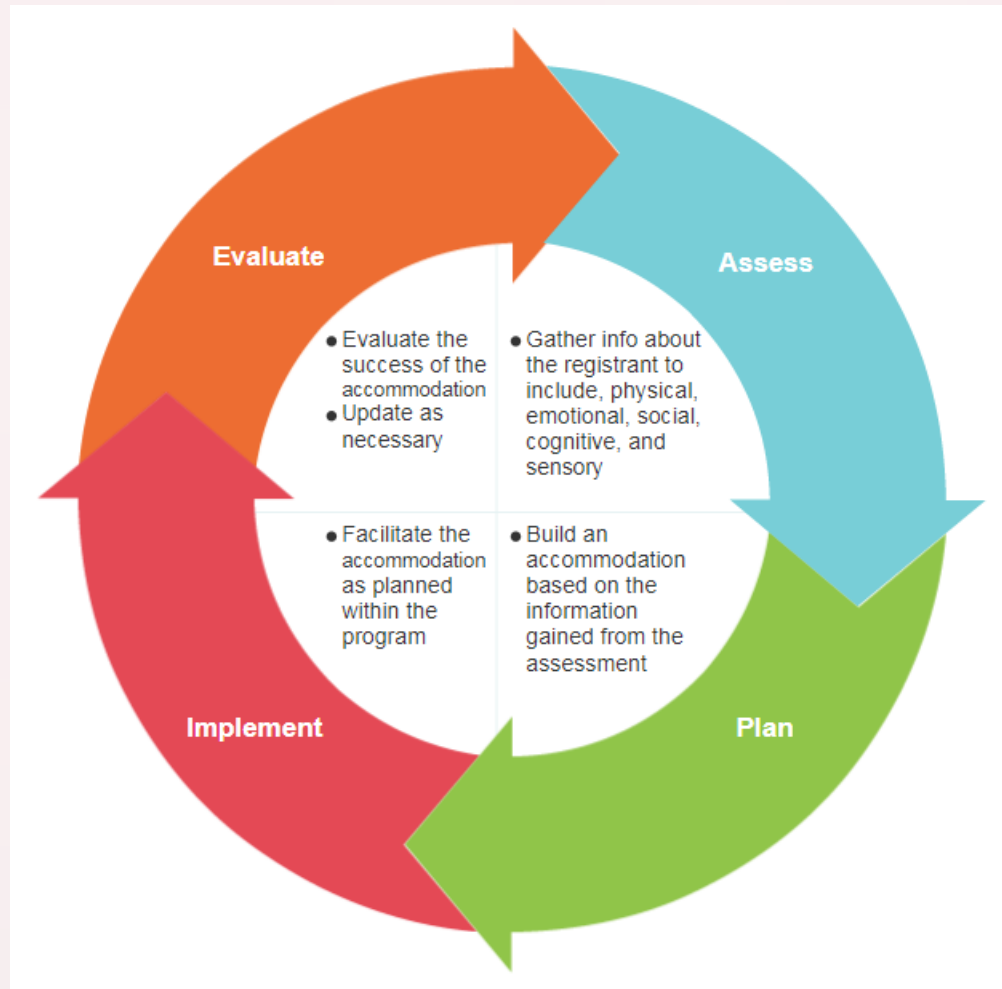
Therapeutic Recreation Programs

- Smaller group sizes (< 12)
- Higher staff to participant ratios (1:1 - 1:4)
- Built in transitions
- Shorter activity times
- Goal driven
- Program can be tailored to participant
- Parallel Play Acceptable/Expected

Inclusive Settings

- Groups sizes of 15+
- Staff to participant ratios usually 1:10
- Individual actives can be 30+ minutes
- Participant will engage in scheduled activities for the majority of the program
- Participants are encouraged to play with peers

Developing Accommodations



Phase 1: Assessment

- Personal Information
- Health Information
- Communication
- Activities of Daily Living
- Socialization/ Behavior
- Sensory
- Safety
- Recreation Interests
- Support Needs

Disability Accommodation Form



Section 1	Personal Information		
Participant Name: _____			
Age: _____	Date of Birth: _____	Sex: _____	
Parent/Guardian: _____			
Email Address: _____			
Address: _____			
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
Emergency Contact Person: _____			
Phone: _____		Work Phone: _____	
School: _____	Phone: _____	Permission to contact: <input type="checkbox"/> yes <input type="checkbox"/> no (see waiver on last page)	
Teacher: _____			
Participant's disability(s) i.e. autism, ADHD, blind, deaf, etc. _____			

Section 2	Health Information	
PART A		
Medical conditions (diabetes, seizures see part B., asthma, allergies, etc.) Will it limit participation? _____	Are there any dietary restrictions or food allergies/intolerance? _____	
Medications or uses medication devices/procedures (if so, please fill out medication profile) _____	Will the participant require medication distribution during program hours? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, a medication profile must be completed and signed by your physician.	
PART B		
Type(s) of seizure _____	List medication(s) and give usual treatment needed _____	
Date of last seizure _____	Duration _____	
Warning signs _____		

Section 3	Communication
What is the participant's primary means of communication (i.e. speech is clear, gestures, sign language, difficult to understand, limited means of communication)? 	

Section 4	Activities of Daily Living			
	Independent	Needs some assistance	Needs full assistance	Comments (i.e. assistive devices)
Dress/undress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer from wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5	Participant Behavior	
PART A		
Comment briefly on the participant's general behavior and moods (i.e. happy, cautious, shy, etc.) 		
PART B		
Does the participant exhibit any of the following behaviors?		
Behavior	Please check all that apply	Comments
Bites	<input type="checkbox"/>	
Easily discouraged	<input type="checkbox"/>	
Easily distracted	<input type="checkbox"/>	
Hyperactive	<input type="checkbox"/>	
Manipulative	<input type="checkbox"/>	
Physically harms self/others	<input type="checkbox"/>	
Runs away	<input type="checkbox"/>	
Short attention span	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
PART C		
Is there a behavior management plan in place? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain below and/or attach a copy. 		

PART D
What are some motivations for the participant? (i.e. verbal praise, stickers, etc.) <input type="text"/>
PART E
Does the participant have any strong fears? (i.e. thunderstorms, bees, dogs, etc.) <input type="text"/>

Section 6	Safety		
Please check all that apply			
Will stay with group	<input type="checkbox"/>	Recognizes danger	<input type="checkbox"/>
Communicates name and phone number	<input type="checkbox"/>	Manages own money	<input type="checkbox"/>
Responsible for own belongings	<input type="checkbox"/>	Swims independently	<input type="checkbox"/>

Section 7	Recreation						
PART A							
Please describe any activities in which the participant may require special assistance (i.e. crafts) <input type="text"/>							
PART B							
Best method of assistance (Please check all that apply)							
Pre-teaching	<input type="checkbox"/>	Verbal Prompts	<input type="checkbox"/>	Peer Buddy	<input type="checkbox"/>	Hand-over-hand	<input type="checkbox"/>
Demonstrations	<input type="checkbox"/>	Physical Prompts	<input type="checkbox"/>	Equipment/Adaptations	<input type="checkbox"/>	Other	<input type="checkbox"/>
Please list if you've checked "Other": <input type="text"/>							
PART C							
Are there any activities the participant particularly likes/dislikes? Likes: <input type="text"/>							
Dislikes: <input type="text"/>							
PART D							
Does the participant participate in water activities? <input type="checkbox"/> yes <input type="checkbox"/> no (if no, skip to Part E)							
Participant is a <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning Swimmer <input type="checkbox"/> Intermediate Swimmer <i>Note: Participants that have seizures or are non-ambulatory are required to wear a life-jacket.</i>							
PART E							
Do you have concerns about participation in traditional program activities and celebrations? <input type="text"/>							

PART F

Has the participant taken part in inclusive settings (i.e. school, girl scouts, church, community)? yes no
If yes, please describe: _____

PART G

What are your expectations for the participant in the program (i.e. increase socialization, skill development)?

Section 8	Socialization				
Please check all that apply					
Does not interact well with peers	<input type="checkbox"/>	Interacts with peers	<input type="checkbox"/>	Interacts well with adults	<input type="checkbox"/>
Does not interact well with adults	<input type="checkbox"/>	Prefers to be alone	<input type="checkbox"/>	Prefers small groups (less than 10)	<input type="checkbox"/>
Prefers large groups (10 or more)	<input type="checkbox"/>	Enjoys group outings	<input type="checkbox"/>	Tolerance of noise levels	<input type="checkbox"/>

Section 9	Additional Information
Is there any additional information that would be helpful to program staff? _____	
PLEASE SIGN	
For participants who are under the age of 21 and attend school, I hereby authorize M-NCPPC to have permission to contact my child's school teacher. Parent/Guardian _____	
I certify that all of the information indicated on this form is complete and accurate. Participant or Parent/Guardian _____ Date _____	

Information on this form is confidential and will only be shared with Recreation staff.

Phase 2: Planning

- Review:
 - Assessment
 - Abilities and Support Needs
 - Eligibility Criteria
 - Program Structure
 - Program Rules/Expectations
- Examples of Reasonable vs. Unreasonable Accommodations

Phase 3: Implementation

- Document the plan
- Communicate the plan
- Ensure accommodations are in place
- Appropriate supplies are available
 - Adaptive Equipment
 - Behavior Chart/Reward System
- Monitor the plan/progress

Phase 4: Evaluation

- Review effectiveness of accommodation
- Seek input from program staff/participant/family
- Adjust if necessary
- Return to phase 1

Real Life Scenarios

Review Objectives

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Questions & Answers

Justin's Story

Resources

- David P. Weikart – Center for Youth Program Quality

<http://cypq.org/about/approach>

- M-NCPPC, Department of Parks and Recreation, Prince George's County

<http://www.pgparcs.com/>

- A Community for ALL Children, A Guide to Inclusion for Out-of-School Time

https://www.researchgate.net/publication/237079822_A_community_for_ALL_children_A_guide_to_inclusion_for_out-of-school_time

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Thank You!