

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



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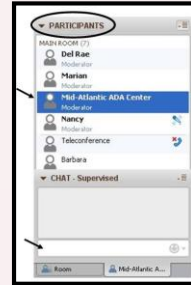


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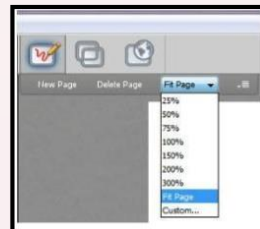


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## About Your Hosts...

- **TransCen, Inc.**
  - Improving the lives of people with disabilities through meaningful work and community inclusion
- **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



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

Sandra G. Kellstrom, CTRS

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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Sandra G. Kellstrom, CTRS  
Therapeutic Recreation  
Coordinator  
Maryland-National Capital Park  
and Planning Commission,  
Prince George's County  
Department of Parks and  
Recreation

Corey Smith, CPRP, LRT/CTRS  
Inclusion Coordinator  
Maryland-National Capital Park  
and Planning Commission,  
Prince George's County  
Department of Parks and  
Recreation

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## Objectives

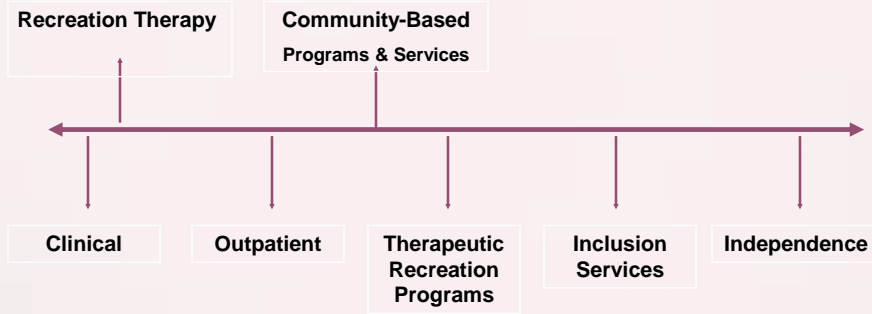
Participants will be able to:

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.

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## Continuum of Therapeutic Recreation



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## Structure

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## Routine

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## Building Program Structure

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

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## 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

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## Choosing a Program

Specialized Programs vs. Inclusive Settings

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## 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

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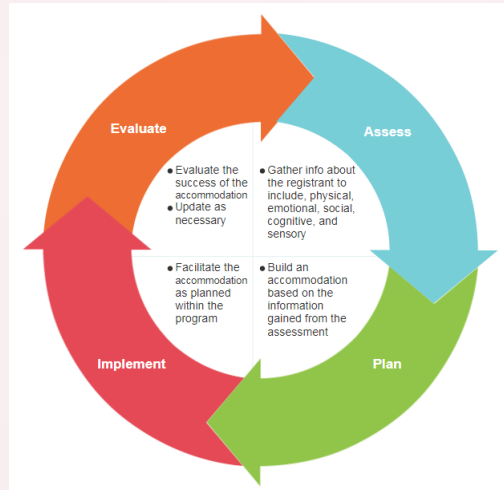
## Inclusive Settings

- 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

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## Developing Accommodations




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## Phase 1: Assessment

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

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### 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: \_\_\_\_\_ Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_ Permission to contact  yes  no (see waiver on last page)

Participant's disability(s) (i.e. autism, ADHD, blind, deaf, etc.) \_\_\_\_\_

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**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?  yes  no  
 If yes, a medication profile must be completed and signed by your physician.



**PART B**

Types(s) of seizure \_\_\_\_\_ List medication(s) and give usual treatment needed \_\_\_\_\_

Date of last seizure \_\_\_\_\_ Duration \_\_\_\_\_

Warning signs \_\_\_\_\_

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**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)? \_\_\_\_\_

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**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"/>	

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**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?  yes  no  
 If yes, please explain below and/or attach a copy. \_\_\_\_\_

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**PART D**

What are some motivations for the participant? (i.e. verbal praise, stickers, etc.)

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**PART E**

Does the participant have any strong fears? (i.e. thunderstorms, bees, dogs, etc.)

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**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"/>

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**Section 7** **Recreation**

**PART A**

Please describe any activities in which the participant may require special assistance (i.e. crafts)

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**PART B**

Best method of assistance: Please check all that apply

Pre-teaching	<input type="checkbox"/>	Verbal Prompts	<input type="checkbox"/>	Fear 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":

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**PART C**

Are there any activities the participant particularly likes/dislikes?

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

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**PART D**

Does the participant participate in water activities?  yes  no (if no, skip to Part E)

Participant is a  Non-swimmer  Beginning Swimmer  Intermediate Swimmer

*Note: Participants that have seizures or are non-ambulatory are required to wear a life-jacket*

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**PART E**

Do you have concerns about participation in traditional program activities and celebrations?

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**PART F**

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

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**PART G**

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

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**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"/>

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**Section 9** **Additional Information**

Is there any additional information that would be helpful to program staff?

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**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.

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## Phase 2: Planning

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

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## 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

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## Phase 4: Evaluation

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

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## Real Life Scenarios

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## Review Objectives

Participants will be able to:

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4. Analyze the needs of the program participant through assessment tools to develop reasonable accommodations.

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## Questions & Answers

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# Justin's Story

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## 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](https://www.researchgate.net/publication/237079822_A_community_for_ALL_children_A_guide_to_inclusion_for_out-of-school_time)

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## Contact Information

- Sandy G. Kellstrom, CTRS
  - 301-446-3400
  - [sandra.kellstrom@pgparks.com](mailto:sandra.kellstrom@pgparks.com)
- Corey Smith, CPRP, LRT/CTRS
  - 301-408-4350
  - [coreyh.smith@pgparks.com](mailto:coreyh.smith@pgparks.com)
- [www.pgparks.com](http://www.pgparks.com)

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## Mid-Atlantic ADA Center TransCen, Inc.

12300 Twinbrook Parkway, Suite 350  
Rockville, MD 20852  
Toll-Free: **800-949-4232** (DC, DE, MD, PA, VA, WV)  
Local: 301-217-0124  
[ADAinfo@transcen.org](mailto:ADAinfo@transcen.org)  
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# Thank You!

