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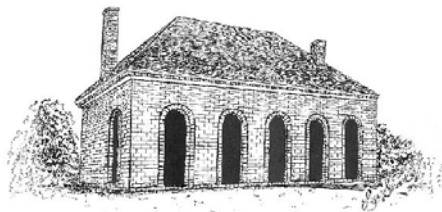
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WWW.CO.HANOVER.VA.US

13017 TAYLOR COMPLEX LANE  
ASHLAND, VA 23005

PHONE: 804-365-7150  
FAX: 804-365-4696

February, 1, 2012

Dear Parent,

Thank you for your interest in the **Therapeutic Recreation Aide (TR Aide) Assistance Program** with the **2012 Youth Summer Program**.

The **TR Aide Assistance Program** is designed to help children with special needs participate in this traditional, inclusion-based summer recreation program.

At the **Youth Summer Program**, the ratio of Recreation Aide (activity leader, counselor) to child is typically 1 Recreation Aide for every 25 children enrolled.

If you have a child with **special needs** who requires greater assistance or supervision (with such tasks as following directions, interacting appropriately with peers, or activity modification), then please consider **applying for the help of a TR Aide**. For many children the help of a TR Aide can make a huge difference in their success in this integrated and highly stimulating program.

The following are the steps to apply for the assistance of a TR Aide:

1. **Learn** about the **Youth Summer Program**. This popular program is not for everyone. The active environment at camp is very stimulating (physically and sensory) and may not be the best fit for your child.

When describing camp, some people may say camp it is like having your child's school "Field Day" every day. Please visit this webpage for more information about the program:

**[www.co.hanover.va.us/parksrec/ysp.htm](http://www.co.hanover.va.us/parksrec/ysp.htm)**.

Be sure to check back to this page as additional information may be added later (including site locations and registration details).

2. If you believe the program would be a good fit for your child, please **complete** and **return** the attached **2012 Youth Summer Program Therapeutic Recreation Aide Assistance Program Inclusion Profile**. Please be sure to answer all questions thoroughly, including identifying your first choice and alternate choices of site placement. The Youth Summer Program and TR Aide Assistance component are in high demand, and many people will unfortunately not receive their first choice. *Please do not send any payment at this time.*

We encourage you to **apply early** as **the number of TR Aides available is limited**. TR Aides requests are filled on a first-come, first-served basis.

After we receive your Inclusion Profile:

- A. We will contact you within 2 weeks to confirm receipt of application.

- B. We will want to learn as much as we can about your child's needs, so an in-person meeting or visit to the child's school may be the best way to obtain a proper assessment if this is your child's first experience with the Youth Summer Program.
  - C. Applicants will receive **written notification** (via e-mail or US post) regarding the availability of a Therapeutic Recreation Aide **by April 1\***. This notification will include **which site/sessions** we have a TR Aide available for your child. *\*Applications received in late March and beyond will be processed as quickly as possible.*
3. **If you receive approval** for the assistance of a TR Aide, your last step is to **register** and provide **payment** for your child for the **site/session(s)** indicated in your notification letter.

Registration will begin in mid-April. Registration options will include **on-line registration, in-person registration** and **mail-in registration**. Exact details should be available on-line at [www.co.hanover.va.us/parksrec/default.htm](http://www.co.hanover.va.us/parksrec/default.htm) in early spring.

For further information about this program, please feel free to contact me.

Sincerely,

Devin Brown, CTRS  
Recreation Coordinator  
Hanover County Parks and Recreation  
13017 Taylor Complex Lane  
Ashland, VA 23005  
(804) 365-7154  
dbrown@co.hanover.va.us



# 2012 Youth Summer Program Therapeutic Recreation Aide Assistance Program Inclusion Profile

Name of Child \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade level child will be entering this fall: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

**Youth Summer Program site selection (please identify your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices etc.)**

*\*Please check [Parks and Rec Youth Summer Program website](#) for list of sites available in 2012.*

The sites for the Youth Summer Program may not be secured until spring. By providing us with your preferred sites, we can better accommodate your needs. Please note that the program will not be held at all of these sites. Also enrollment at each site is limited.

**Elementary School Sites**

(for children who have completed Kindergarten up through those who are entering grade 5 in the fall)

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Battlefield Park | <input type="checkbox"/> Elmont       | <input type="checkbox"/> Laurel Meadow    | <input type="checkbox"/> South Anna       |
| <input type="checkbox"/> Beaverdam        | <input type="checkbox"/> Gandy        | <input type="checkbox"/> Pearson's Corner | <input type="checkbox"/> Washington-Henry |
| <input type="checkbox"/> Cold Harbor      | <input type="checkbox"/> Henry Clay   | <input type="checkbox"/> Pole Green       |   |
| <input type="checkbox"/> Cool Spring      | <input type="checkbox"/> Kersey Creek | <input type="checkbox"/> Rural Point      |   |

**Middle Schools (for children who are entering grades 6 through 8 in the fall)**

- |                                       |                                  |                                    |  |
|---------------------------------------|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Chickahominy | <input type="checkbox"/> Liberty | <input type="checkbox"/> Oak Knoll | <input type="checkbox"/> Stonewall Jackson |
|---------------------------------------|----------------------------------|------------------------------------|--|

**Professional Information Sharing**

**May we have your permission to send out a Professional Information Sharing Form to your child's teacher?** This form will help our understanding of your child's skills and abilities.

yes  no

**May we have your permission to observe/visit your child in the classroom?**

yes  no

This information is used, in conjunction with this Inclusion Profile, to develop your child's Inclusion Plan. The form and information is confidential and used only in the administration of services.

School \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the following information as accurately as possible.** (please place an X next to the response that most accurately describes your child's needs).

**This information will assist our staff in developing an Inclusion Plan to best meet your child's needs.**

**How often does your child have the assistance of an aide or paraprofessional at school?**

never  throughout the day  
 just during part of the day  other: \_\_\_\_\_

**The aide (or paraprofessional) that works with my child:**

is typically assigned to work with him/her on a 1:1 ratio  
 is typically assigned to help other children as well as my child  
 other: \_\_\_\_\_

**What is your child's special need/disability/presenting issue(s)?**

| <b><u>Primary</u></b><br>(Mark one) | <b><u>Secondary</u></b><br>(Mark all that apply)    |
|-------------------------------------|---|
| _____                               | <input type="checkbox"/> Asperger's Syndrome        |
| _____                               | <input type="checkbox"/> Attention Deficit Disorder |
| _____                               | <input type="checkbox"/> Autism                     |
| _____                               | <input type="checkbox"/> Behavior Disorder          |
| _____                               | <input type="checkbox"/> Cerebral Palsy             |
| _____                               | <input type="checkbox"/> Down Syndrome              |
| _____                               | <input type="checkbox"/> Emotional Disability       |
| _____                               | <input type="checkbox"/> Epilepsy                   |
| _____                               | <input type="checkbox"/> Hearing Impairment         |
| _____                               | <input type="checkbox"/> Intellectual Disability    |
| _____                               | <input type="checkbox"/> Learning Disability        |
| _____                               | <input type="checkbox"/> Spina Bifida               |
| _____                               | <input type="checkbox"/> Visual Impairment          |
| _____                               | <input type="checkbox"/> Other _____                |

**What is the overall degree of the primary disability** (please mark one)?

severe  moderate  mild

**How often is your child in an integrated (general education) setting at school?**

\_\_\_\_\_ all day

\_\_\_\_\_ at least half of the day

\_\_\_\_\_ a few hours a day

\_\_\_\_\_ my child spends all day in a self-contained classroom

\_\_\_\_\_ other: \_\_\_\_\_

**Please check the appropriate category.**

|   | <b>Always</b> | <b>Sometimes</b> | <b>Seldom</b> | <b>Never</b> | <b>Not Applicable</b> |
|---|---------------|------------------|---------------|--------------|-----------------------|
| My child plays well with other children.                |               |                  |               |              |                       |
| My child follows directions well.                       |               |                  |               |              |                       |
| My child can complete a task that lasts 20 minutes.     |               |                  |               |              |                       |
| My child gets anxious in large group settings.          |               |                  |               |              |                       |
| My child does well with loud noises.                    |               |                  |               |              |                       |
| When upset, my child can manage anger well.             |               |                  |               |              |                       |
| My child cooperates and shares with others.             |               |                  |               |              |                       |
| My child is shy/withdrawn in social settings.           |               |                  |               |              |                       |
| My child respects others' boundaries.                   |               |                  |               |              |                       |
| My child physically harms others or self.               |               |                  |               |              |                       |
| My child is independent in his/her personal care needs. |               |                  |               |              |                       |

**Has your child participated in the Youth Summer Program or another integrated recreation programs previously? \_\_\_\_\_ yes \_\_\_\_\_ no**

**If yes, do you have any recommendations or suggestions based on your child's attendance in previous years?**

**Please explain the behavior modification strategies/techniques used at home or in school to discourage inappropriate behavior and promote positive behaviors.**

Are you planning on your child attending summer school or ESY (extended school year) this summer? (If yes, please provide an idea of how much time child would be in camp i.e. child will be at the camp program from 12noon-end of day)

\*Please note that we can not guarantee that child's summer school/ESY placement will be the same as child's Parks and Recreation placement.

Which session(s) are you planning on sending your child:

\_\_\_\_\_ June 25-July 3 (no camp July 4-5)  
\_\_\_\_\_ July 9-19  
\_\_\_\_\_ July 23-August 2

Usually a few times during the summer, the children go on a field trip. Does your child require a school bus that has a lift or other special arrangements for transportation?  yes  no

Please include any additional comments that may be of assistance in developing your child's Inclusion Plan, please include them on this page or as an attachment. Thank you for providing all of the requested information, as it will enable us to provide the safest and most enjoyable opportunity for your child.

Please complete and mail this form

to: **Hanover County Parks and Recreation**  
13017 Taylor Complex Lane  
Ashland, VA 23005

or FAX to (804) 365-4696

or scan and e-mail to [dbrown@co.hanover.va.us](mailto:dbrown@co.hanover.va.us)

or drop off at one of our drop boxes:

**Pole Green Community Center**  
8996 Pole Green Park Lane  
Mechanicsville, VA 23116

**Taylor Complex**  
13017 Taylor Complex Lane  
Ashland, VA 23005