



2010 Individual Recreation Profile

Thank you for taking the time to fill out this Individual Recreation Profile. By doing so, you will allow us to better serve your child.

Child's Name: _____

Interests: _____

Positive Traits: _____

Top Three Favorite Things To Do: _____

Does your child prefer Group Activities or Solitary Activities?

Things your child might be uncomfortable with:

How do you discipline at home? (ex. verbal warnings, time outs, redirections, rewards for good behavior)

Does your child respond better visually, verbally, or both: _____

Rewards your child enjoys: _____

Sibling's names and ages: _____

When outside, my child usually: Stays with the group Wanders away

Is your child scared of thunder, lightning, bad weather? Yes No

Does your child get scared by other kids coming up behind them quickly? Yes No

How does your child transition from one activity to another? _____

The following describes this student's relationship with peers: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Works and plays well with others | <input type="checkbox"/> Wants to make friends, but difficulty with relationships |
| <input type="checkbox"/> Has difficulty getting along with others | <input type="checkbox"/> Interacts best with children who are younger |
| <input type="checkbox"/> Interacts best with children the same age | <input type="checkbox"/> Interacts best with older children |
| <input type="checkbox"/> Prefers to be alone | <input type="checkbox"/> Establishes relationships slowly & cautiously |
| <input type="checkbox"/> Establishes relationships easily | <input type="checkbox"/> Prefers to spend time with adults |



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Any unusual family circumstances that would help us better serve your child?

Any uncomfortable circumstances your child has experienced?

Additional Comments:

Please return completed forms to MoCo Arts on Railroad St. by June 15, 2010.