



# LRPR Therapeutic Recreation Interview Assessment and Orientation

Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age / Date of Birth: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_

Date of Onset: \_\_\_\_\_

How did you hear about Little Rock Parks and Recreation TR division?

What do you do on a regular day?

What kind of places do you like to go for fun?

How can I tell when you are upset?

How do you learn best? Watching? Hands on? Verbal directions?

Is there something other people do you don't like?

List activities the participant particularly likes:

List activities the participant dislikes:

What are your recreational/social based expectations for the participant?

Does the participant display unusual fears or concerns? If yes what kind?

Will the participant run off from the group?  Yes  No

If yes, will they  Run off and not come back  
 Run off and stop when called too  
 Run off and then come back when told

Name of school/ day program/group home participant attends

School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

What are some of the goals from your child's IEP that you would like to see carried over to the Therapeutic Recreation Program?

GOAL 1: \_\_\_\_\_  
\_\_\_\_\_

GOAL 2: \_\_\_\_\_  
\_\_\_\_\_

Is your child aware of these goals?

\_\_\_\_\_

Check the item if the person regularly does the activity. Record any details in the space provided.  
Put a line through the activity if the person has never experienced the activity and/or doesn't want to do so.  
Circle the activity if the person has never experienced it but would like to do so.

### Social

- \_\_\_ Makes new friends
- \_\_\_ Went to visit a friend (hang out, sleep over etc)
- \_\_\_ Starts a conversation
- \_\_\_ Makes/Receives phone calls
- \_\_\_ Writes letters / emails
- \_\_\_ Belongs to any club, church, or volunteered
- \_\_\_ Participates in games (one player, two player, group games)
- Other \_\_\_\_\_

### Physical

- \_\_\_ Takes steps to lose/gain weight
- \_\_\_ Exercises on a regular basis
- \_\_\_ Strength Exercises
- \_\_\_ Endurance Exercises
- \_\_\_ Flexibility Exercises
- \_\_\_ Fine Motor Exercises
- \_\_\_ Gross Motor Exercises
- \_\_\_ Hand/Eye Coordination Exercises
- Other \_\_\_\_\_

### Community

- \_\_\_ Go to a restaurant without parents
- \_\_\_ Go to the Movies
- \_\_\_ Attends Plays
- \_\_\_ Go to the Mall
- \_\_\_ Attends Sporting events
- \_\_\_ Attended a Music concert
- \_\_\_ Attended a Party
- Other \_\_\_\_\_

### Hobbies and Leisure

- \_\_\_ Listens to music
- \_\_\_ Sports \_\_\_\_\_
- \_\_\_ Arts and Crafts
- \_\_\_ Collects anything \_\_\_\_\_

- Have pets/like animals
- Dance type \_\_\_\_\_
- Swim
- Movies/Plays
- Garden
- Watch TV
- Read
- Shop
- Fishing
- Learned a New Skill \_\_\_\_\_
- Try new experiences \_\_\_\_\_
- Contributes to Community \_\_\_\_\_
- Other \_\_\_\_\_

### **Skill Assessment**

Place a check next to each statement that applies to the participant. Please use the comment section to identify additional skills and/or areas of difficulty.

#### **A. Independent Living Skills**

- 1. Dresses, undresses independently
- 2. Needs total physical assistance with dressing, undressing
- 3. Needs some physical assistance with dressing, undressing
- 4. Puts shoes on independently
- 5. Eats, drinks independently
- 6. Needs some assistance with eating/ drinking
- 7. Needs total assistance with eating/ drinking

Comments/Areas of difficulty: \_\_\_\_\_

#### **B. Toileting**

- 1. Uses toilet independently
- 2. Indicates need to use toilet
- 3. Uses toilet with physical assistance
- 4. Uses toilet with verbal direction
- 5. Wears diaper (Attend/Depends)
- 6. Washes hands independently
- 7. Washes hands with verbal direction
- 8. Washes hands with physical assistance

Comments/Areas of difficulty: \_\_\_\_\_

#### **C. Cognitive Skills**

- 1. Ability to attend to activity for over 30 minutes
- 2. Ability to attend to activity for 16 to 30 minutes
- 3. Ability to attend to activity for 6 to 15 minutes
- 4. Ability to attend to activity for up to 5 minutes
- 5. Can verbally state own name

- \_\_\_6. Can verbally state leisure/recreation abilities, interests, experience
- \_\_\_7. Can verbally state leisure/recreation deficiencies, barriers, needs
- \_\_\_8. Have decision making skills
- \_\_\_9. Can read/write? What grade level? \_\_\_\_\_
- \_\_\_10. Can add/subtract? What grade level? \_\_\_\_\_
- \_\_\_11. Have problem solving skills

Comments/Areas of difficulty: \_\_\_\_\_

#### **D. Communication**

- \_\_\_1. Able to fully communicate needs/wants
- \_\_\_2. Communicates needs/wants with one or two word statements
- \_\_\_3. Communicates through partial spoken sentences
- \_\_\_4. Communicates needs/wants with gestures or other non-verbal behavior
- \_\_\_5. Communicates needs/wants with basic sign language
- \_\_\_6. Communicates needs/wants with word symbol board or similar device
- \_\_\_7. Makes eye contact

Comments/Areas of difficulty: \_\_\_\_\_

#### **E. Receptive Communication**

- \_\_\_1. Responds appropriately to simple one-step directions
- \_\_\_2. Responds appropriately to two or three step directions
- \_\_\_3. Responds appropriately to directions collectively given to a small group of participants
- \_\_\_4. Responds appropriately to directions given collectively to a larger group (6 or more)
- \_\_\_5. Recognizes own name when called
- \_\_\_6. Reacts or responds when spoken to
- \_\_\_7. Gives object in response to request
- \_\_\_8. Responds appropriately to loud noises

Comments/Areas of difficulty: \_\_\_\_\_

#### **F. Social/Behavioral**

- \_\_\_1. Demonstrates awareness of others
- \_\_\_2. Responds to interaction of others
- \_\_\_3. Will initiate interaction of others
- \_\_\_4. Will play/interact cooperatively with another participant
- \_\_\_5. Will play/interact cooperatively with a small group of participants
- \_\_\_6. Voluntarily complies with activities initiated by others
- \_\_\_7. Non-participative
- \_\_\_8. Can sit quietly through a short presentation or performance-specify length of time \_\_\_\_\_
- \_\_\_9. Able to identify, and take responsibility for personal belongings
- \_\_\_10. Is aware of safety concerns when out in the community (traffic, staying with group, etc)

- 11. Takes turns
  - 12. Understands and engages in competitive behavior appropriately
  - 13. Overly aggressive in competitive behavior
  - 14. Overly passive in competitive behavior
  - 15. Appropriate communication and behavior in an argument/conflict situation (maintains emotional and physical control and verbally responds appropriately)
  - 16. Responds appropriately to authority
  - 17. Defies or actively resists authority
  - 18. Overly passive with authority
  - 19. High tolerance for frustration
  - 20. Average frustration tolerance
  - 21. Displays frequent frustration behavior
- Comments/Areas of difficulty: \_\_\_\_\_

### **G. Mobility**

- 1. Walks independently
- 2. Walks with some physical assistance
- 3. Walks with full physical assistance
- 4. Able to maintain balance over uneven surfaces
- 5. Walks up/ down steps with physical assistance
- 6. Walks up/ down steps independently
- 7. Able to walk continuously for 15 or more minutes
- 8. Able to maintain balance while running
- 9. Uses a manual wheelchair
- 10. Uses a motorized wheelchair
- 11. Uses a walker or crutches
- 12. Can independently propel self in wheelchair short distances
- 13. Can independently propel self in wheelchair longer distances
- 14. Able to transfer in/out of wheelchair with assistance
- 15. Able to transfer in/out of wheelchair independently

Comments/Areas of difficulty: \_\_\_\_\_

### **H. Motor Coordination**

- 1. Able to use scissors
- 2. Able to write with pencil/pen
- 3. Able to transfer object from one hand to another
- 4. Able to reach toward and grasp objects
- 5. Follows movement of objects with eyes
- 6. Able to catch/throw a rolled ball \_\_\_\_\_
- 7. Able to catch/throw a bounced ball \_\_\_\_\_
- 8. Able to catch a ball from a short distance
- 9. Able to kick a stationary ball

\_\_\_ 10. Able to kick a rolling ball

\_\_\_ 11. Able to ride a bicycle

Comments/Areas of difficulty: \_\_\_\_\_

### **I. Affective**

\_\_\_ 1 Has high self-esteem

\_\_\_ 2. Has average self-esteem

\_\_\_ 3. Has low self-esteem

\_\_\_ 4. Typically has a positive mood

\_\_\_ 5. Typically has a negative mood

\_\_\_ 6. Displays aggressive behavior

Comments/Areas of difficulty: \_\_\_\_\_

### **J. Community Independence**

\_\_\_ 1. Able to cross street independently

\_\_\_ 2. Needs some physical assistance to cross street

\_\_\_ 3. Needs full physical assistance to cross street

\_\_\_ 4. Able to understand street signs

\_\_\_ 5. Can relay/ knows own address

\_\_\_ 6. Can relay/ knows own phone number

### **Summary**

A. Please identify any recreational skills or areas of development that you would like to see emphasized:

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B. Please identify any activities, games, hobbies, etc. that the participant has previously enjoyed or expressed interest in:

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C. Please identify any behavior management techniques used that reduces or discourages negative behaviors. Please identify any preferred activities or other ideas which reinforce positive behaviors:

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D. Please list any additional information you would like to share about the participant.

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