Recreation Dreams & Goals Assessment

(completed by the inclusion advocate with the participant and his/her support circle)

Name of participant: ____________________________ Date: __________

Name(s) of parent/guardian/staff who participated in the interview: ______________________

______________________________________________________________________________

______________________________________________________________________________

About your recreation!

1. What are your favorite activities or hobbies? What activities do you enjoy the most? (supplement with activity checklists, if helpful to do so)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

2. What kinds of things are you really good at doing?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

3. What are some goals or dreams you have for your recreation?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. Who do you usually play or recreate with?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

5. What recreation resources or programs do you use now or have you used in the past?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
6. What new recreation programs or activities are you interested in trying?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

7. What most helps you enjoy and be successful in your recreation activities? What strategies are most effective? (ex: positive behavioral supports, adaptations, equipment, staff training)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. Is there any other information you would like to add (e.g. level of supervision, crowds, sensory issues, flight in the community, etc)?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. Is there anything else you’d like us to know about your recreation?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________