



**INCLUSION REQUEST
SUPPORT FORM**



ELIGIBILITY CRITERIA

- The participant requiring support must be between ages of 5 - 12 and have a recognized diagnosis.
- The participant must be able to function in small and medium-sized groups with support.
- The participant acts in a way that does not compromise their safety or that of others. See the warning system on the next page.
- The parent or guardian must submit, before the deadline, a document setting out an officially recognized diagnosis indicating the limitations and needs to be met. such as, for example, a psychiatric evaluation, a neuropsychological evaluation, or equivalent form, etc.
- The accompanying application form must be submitted by: June 28, 2026
Applications submitted after the deadline will not be eligible.
- A participant's acceptance into this program is subject to an annual review and is not considered automatic for the following year.
- PSP Recreation will evaluate each participant's request for inclusion support according to the eligibility criteria. Inclusion support may be refused if the application does not meet the eligibility criteria, if the recreation department cannot provide the appropriate support/accommodations or if the number of applications received exceeds our capacity.
- If the request for inclusion support is accepted, PSP Recreation will contact the parent or guardian to set up a meeting to obtain more information about the participant's needs.

CODE OF CONDUCT

Participants attending PSP Summer Camp must respect a code of conduct. Participants receiving inclusion support must also respect this code:
name of camp/program

Participants in PSP recreation programs will experience an environment that celebrates team spirit, respect and fun. Educational and play-based approaches will be used to promote positive behaviour. Any participant exhibiting unacceptable behaviour will be subject to the following procedure:

- 1st time: Written warning to the participant with the parent's signature and informed of the next steps in the warning system; Participant will also be notified and informed of next steps;
- 2nd time: Written warning to the participant with the parent/guardian's signature. The participant is removed from the day camp or program for one day, without a refund. An improvement plan may be put in place.
- 3rd time: Written warning to the participant with the parent/guardian's signature. Participant is removed from day camp or program for an extended period of time, without a refund.
- 4th time: Written warning to the participant with the parent/guardian's signature, the participant is removed from the program for the remainder of the program, without a refund.

Unacceptable gestures or behaviours include:

- Aggression, physical, verbal or psychological violence towards another participant or a staff member;
- Repeated running away that puts the participant's life and/or that of the staff in danger;
- Bullying, physical or verbal threats;
- Theft or vandalism;
- Lack of respect (e.g. participant does not listen to instructions), insults, vulgar or hurtful language;
- Repeated behavioural problems (e.g., participant does not follow his group);
- Sexual gestures.

The steps may not be applied in order and are according to the severity of the participant's behaviour. For example, it is possible to go from warning 1 to warning 4, if the participant's behaviour is too dangerous for the program.

Important: The warning system is the same for all participants. However, participants receiving inclusion support are granted more leniency, with their diagnosis and abilities taken into account before disciplinary measures are applied. PSP recreation is committed to providing inclusion support services that help participants manage their emotions and behaviors through engaging routines that foster positive interactions with others.

By completing this inclusion support request form, the parent/guardian accepts this warning system.

Date: _____ Signature: _____

PARTICIPANT INFORMATION

1. Participant Information

Last Name :	First name:
Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Date of birth :	

2. Parent/Guardian Information

Last Name #1:	First name #1 :
Address:	
E-mail:	Relationship to participant:
Telephone (home):	Telephone (other):

Last Name #2 :	First name #2:
Address:	
E-mail:	Relationship to participant:
Telephone (home):	Telephone (other):

Please specify primary contact in case of emergency:

3. Support Needs

Select the weeks in which the participant will need inclusion support.

** Please note that the choice of camp/program will be determined following evaluation of the inclusion support request .*

Participant may be paired with another participant to provide 2:1 or 3:1 support.

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Week 1: | <input type="checkbox"/> Week 5: | <input type="checkbox"/> Week 9: |
| <input type="checkbox"/> Week 2: | <input type="checkbox"/> Week 6: | |
| <input type="checkbox"/> Week 3: | <input type="checkbox"/> Week 7: | |
| <input type="checkbox"/> Week 4: | <input type="checkbox"/> Week 8: | |

PARTICIPANT INFORMATION

4. Diagnosis

Check all that apply:

PLEASE ENCLOSE THE DIAGNOSTIC EVALUATION WITH THE FORM.

<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Severe Specify:
<input type="checkbox"/> Autism Spectrum Disorder (ASD)	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal Specify:
<input type="checkbox"/> Motor, visual or hearing impairment	<input type="checkbox"/> Motor <input type="checkbox"/> Visual <input type="checkbox"/> Auditory Specify:
<input type="checkbox"/> Language disorders	<input type="checkbox"/> Expression <input type="checkbox"/> Comprehension <input type="checkbox"/> Mixed Specify:
<input type="checkbox"/> Attention deficit disorder (ADD or ADHD)	<input type="checkbox"/> With hyperactivity <input type="checkbox"/> Without hyperactivity Specify:
<input type="checkbox"/> Mental health	<input type="checkbox"/> Anxiety <input type="checkbox"/> Attachment disorder <input type="checkbox"/> OCD <input type="checkbox"/> Depression Other, specify:
<input type="checkbox"/> Behavioural disorders	<input type="checkbox"/> Opposition <input type="checkbox"/> Aggressiveness <input type="checkbox"/> Passivity <input type="checkbox"/> Other: Specify:
<input type="checkbox"/> Other(s) / Trisomy 21, etc...	Specify:

PARTICIPANT INFORMATION

5. Behaviours and Interventions

Are there any behaviours to be aware of? Check those that apply:

Behaviour	When do these behaviours occur?	What is the best intervention method?
<input type="checkbox"/> Verbal and/or physical aggression towards self		
<input type="checkbox"/> Aggression towards others		
<input type="checkbox"/> Anxiety / Stress		
<input type="checkbox"/> Running away / Leaving the group without authorization		
<input type="checkbox"/> Repetitive or restrictive behaviours		
<input type="checkbox"/> Opposition or defiance		
<input type="checkbox"/> Other (ex.: physical sensitivity, sexual arousal, noise intolerance, equipment breakage, self-mutilation, suicidal ideation, etc...)		

PARTICIPANT INFORMATION

Crisis/Tantrum behaviours?	If so, what are the warning signs?	What are the effective interventions to use during these situations?
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do they have any phobias and/or fears?	If so, which ones and what are the best intervention methods? (ex.: animals, water, vertigo, etc...)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Do they have trouble expressing their feelings, asking for help or starting a conversation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do they adapt easily to new people, activities and experiences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6. Interests and Strengths

Describe the participant's interests, hobbies and preferred leisure activities:	
Describe the best ways to encourage and motivate the participant:	
What are the participant's strengths?	

PARTICIPANT INFORMATION

7. Relationships with Others

How the participant interacts with others

Peers	
Authority figures (teachers, coaches, etc...)	
New people	

Other information to help us set up services or measures to better facilitate participation? (ex.: pictorial timetable, breaks, rest periods, etc...)

8. Swimming Ability

Participant:

- | | |
|--|--|
| <input type="checkbox"/> Can swim alone in deep-water | <input type="checkbox"/> Needs support |
| <input type="checkbox"/> Can swim alone in shallow water | <input type="checkbox"/> Can't swim |
| <input type="checkbox"/> Can swim alone with PFD | <input type="checkbox"/> Must wear ear plugs |

Has the participant taken a swimming course? YES NO If yes, last swimming level completed:

* If the participant has epilepsy, talk to the camp or program about wearing a PFD (Personal Flotation Device).

PARTICIPANT INFORMATION

9. Autonomy

		Constant help	Occasional help	Verbal prompting	Independent
Communication	Communication with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Understanding instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Expressing Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication used: <input type="checkbox"/> Pictograms <input type="checkbox"/> Visual Board <input type="checkbox"/> Computer <input type="checkbox"/> Sign Language <input type="checkbox"/> Gestures/animated hands <input type="checkbox"/> PECs <input type="checkbox"/> Other, please specify:				
Participation	Individual's participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interaction with other participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Group participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fine motor activities (crafts, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gross motor activity (sports, games, physical activities etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily life	Clothing (ex.: getting dressed, tying shoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personal hygiene (ex. toileting, handwashing etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Specify (catheter, diapers, etc...):				
	Diet / Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Managing personal belongings (e.g. lunch box, backpack, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staying with the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Avoiding dangerous situations (danger awareness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify: * A medication form must be filled out if the participant must take medication during program hours.					
Mobility	Walking / moving long distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking / moving on uneven terrain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Short trips / to camp (specify level autonomy)				
	<input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Adapted stroller <input type="checkbox"/> Walker <input type="checkbox"/> Motorized wheelchair <input type="checkbox"/> Cane(s) / crutches <input type="checkbox"/> Independent (walking)				

Other information about the participant you would like us to know?
(e.g.: recent major changes in family life, new medication, special concerns, separation/divorce, deployment, etc...)

What ratio do you recommend for the participant?

- participant needs 1:1 support
- participant needs 1:2 support
- participant needs 1:3 support

* The final decision rests with the camp or program, based on the recreation department's analysis of the inclusion support request.



Signature and Authorization of Parent/Guardian

I confirm that the information provided in this form is accurate and complete. I authorize the individuals directly involved in managing the support program to contact the persons listed on this form and in the diagnosis to obtain additional information. I agree to notify the staff of any changes that may affect participation level at camp or the program.

Date: _____

Signature: _____