

Therapeutic Recreation Participant Evaluation Form

This form should be completed by the inclusion aide assigned to support the participant within a program.

Staff:	
Participant:	
Program:	
Type of Support: 1:1 Group	Were you able to Aide and Fade: Y N
Program Scope: <input type="checkbox"/> Social <input type="checkbox"/> Sports <input type="checkbox"/> Movement <input type="checkbox"/> Art <input type="checkbox"/> STEM/STEAM <input type="checkbox"/> Fitness <input type="checkbox"/> Other:	
Goals:	
<input type="checkbox"/> Active Listening	<input type="checkbox"/> Impulsivity
<input type="checkbox"/> Bolting	<input type="checkbox"/> Aggressive Behaviors
<input type="checkbox"/> Following Directions	<input type="checkbox"/> Engagement / Participation
<input type="checkbox"/> Social Interactions	<input type="checkbox"/> Communication
<input type="checkbox"/> Fine / Gross Motor Skills	<input type="checkbox"/> Flexible Thinking
<input type="checkbox"/> Coping Skills	
<input type="checkbox"/> Spatial Awareness / Body Control	
<input type="checkbox"/> Other:	
Interventions & Inclusion Tools	
Please list the interventions and inclusion tools utilized to support the participant in the program and identify if the intervention/tool was effective for the participant.	
Intervention / Inclusion Tool	Was it Effective?
Behavior Management Concerns:	

Describe the participant's engagement in the program:

Any additional information / reccomendations:

Staff Signature:

Date: