Participation Information for Organized Group Activities

A Form for Programs and Agencies

Child	s Name:				Ag	e:			
best h	nelp him or l	er to pa	rticipa	experience for te successfully ns below. We	in th	is group a	activity.	Thank y	
	are your ch omments be	_	ls for tl	his program?	Please	choose f	rom the	list pro	vided and/or
	build confi have fun learn a new learn to be	e comfortidence w skill e comfort	table fa	vorking in a gr	alleng				
	ional comm								
On a s	scale from 1	to 10, I v	would	rate my child's	s comf	ort level	with this	s activit	y as:
1 Not at all comfortab		3	4	5 Somewhat Comfortable	6	7	8	9	10 Extremely Comfortable
organ	ized group a	activity.	Please	hat children m check any of t hat we are ab	he issi	ues that y	ou woul	d like to	discuss in
	leaving pa listening to following i	rent/car o instruc nstructio	egiver tions ons	oor or outdoo and joining th	ie inst	ructor			
	o -	-		0 -					





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□ making new friends
□ working cooperatively in a group setting
□ other:
What are the best ways for us to help your child to have a fun and successful experience with this group activity?
Please list any medical issues or concerns you may have related to your child's participation in this group activity.
I would like to meet with my child's instructor prior to the first group session: □ Yes □ No
Best way to contact me: (please provide name, phone number and/or email address):

If you are concerned about the physical accessibility of a facility and would like to gather more information prior to enrolling or attending an activity, please refer to Participation 101: Accessibility, available on CanChild's Participation Knowledge Hub.

A Resource from CanChild's Participation Knowledge Hub https://www.canchild.ca/en/research-in-practice/participation-knowledge-hub



