Child’s Name: ___________________________ Age: ____

Our goal is to provide a positive experience for your child by understanding how we can best help him or her to participate successfully in this group activity. Thank you for taking the time to complete the questions below. We welcome your comments and feedback about our program.

What are your child’s goals for this program? Please choose from the list provided and/or add comments below.

☐ make new friends
☐ learn to be comfortable working in a group
☐ build confidence
☐ have fun
☐ learn a new skill
☐ learn to be comfortable facing a new challenge
☐ other: ____________________________________________________________

Additional comments:
_____________________________________________________________________
_____________________________________________________________________

On a scale from 1 to 10, I would rate my child’s comfort level with this activity as:

1 2 3 4 5 6 7 8 9 10
Not at all comfortable Somewhat Comfortable Extremely Comfortable

Here is a list of common issues that children may experience when participating in an organized group activity. Please check any of the issues that you would like to discuss in advance of the first meeting, so that we are able to work with you to develop a plan:

☐ managing noise in an indoor or outdoor space
☐ leaving parent/caregiver and joining the instructor
☐ listening to instructions
☐ following instructions
☐ being easily frustrated when learning a new skill
Participation Information for Organized Group Activities

□ 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