



City of Portland  
Parks, Recreation and Facilities Management  
Therapeutic Recreation Services  
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### Participant Profile

Hello! My Name is:

**Here is some important information about me that will help you get to know me.**

I am \_\_\_\_\_ years old.

My doctor says I  
have: \_\_\_\_\_

I take the following medications to help me: \_\_\_\_\_  
\_\_\_\_\_

I have seizures and sometimes I can tell before I have a seizure because I: \_\_\_\_\_  
\_\_\_\_\_

**I communicate by using the following: (include a brief description as needed)**

Simple one and two work responses: \_\_\_\_\_  
\_\_\_\_\_

Yes/no responses to questions: \_\_\_\_\_  
\_\_\_\_\_

Short Phrases: \_\_\_\_\_  
\_\_\_\_\_

Sign Language: \_\_\_\_\_

Non-verbal Behaviors: \_\_\_\_\_  
\_\_\_\_\_

Behaviorally: Laughing, Crying, Screaming: \_\_\_\_\_  
\_\_\_\_\_

Gestures Pointing, Choices: \_\_\_\_\_  
\_\_\_\_\_

Augmetative: \_\_\_\_\_

Other: \_\_\_\_\_

**My Pleasures, Likes and Dreams!**

**Special People in my Life!**

**Strategies that work well and help me learn:**

**I would like to improve:**

**I need help with:**

**Other information that I would like to share:**

Date Completed: \_\_\_\_\_