PARTICIPANT NAME

2020 TRIP INFORMATION FORM

The Trip Information Form (TIF) must be completed and filed with the NSSRA office prior to attending any NSSRA overnight trip. The TIF contains extremely important information, which is necessary for NSSRA staff to ensure the best possible care during trips. Please complete all information.

PARTICIPANT INFORMATION

Participant Name:
(First) ________________________ (Middle) ________________________ (Last) ________________________

Date Completed: ____________________
Are you new to NSSRA overnight trips? ☐ Yes ☐ No
Is the participant his/her own guardian? ☐ Yes ☐ No

CONTACT INFORMATION

Primary Contact
Name: ______________________________ Relationship to Participant: ______________________________
Phone: _______________ ☐Home ☐Work ☐Cell Phone: _______________ ☐Home ☐Work ☐Cell

Emergency Contact #1
Name: ______________________________ Relationship to Participant: ______________________________
Phone: _______________ ☐Home ☐Work ☐Cell Phone: _______________ ☐Home ☐Work ☐Cell

Emergency Contact #2
Name: ______________________________ Relationship to Participant: ______________________________
Phone: _______________ ☐Home ☐Work ☐Cell Phone: _______________ ☐Home ☐Work ☐Cell

COMMUNICATION

☐Verbal ☐ Non-Verbal ☐Limited
Uses a communication system ☐ Yes ☐ No
☐ *Visual Schedule* ☐ *Written Schedule* ☐ *Social Story* ☐ *Pictures* ☐ *Other Device(s):* ________________________
Can communicate likes and dislikes ☐ Yes ☐ No
Can communicate needs ☐ Yes ☐ No
Able to read ☐ Yes ☐ No
Understands directions ☐ Yes ☐ No
Additional Information:

PARTICIPANT NAME

SOCIAL INTERACTION

Can engage appropriately with peers ☐Independent ☐Needs Assistance
Can engage appropriately with staff ☐Independent ☐Needs Assistance
Can engage appropriately with members of the public ☐Independent ☐Needs Assistance

Additional Information:

BEHAVIOR

May display aggressive behaviors ☐ Yes ☐ No
May display disruptive behaviors ☐ Yes ☐ No
May use foul language ☐ Yes ☐ No
Fears/Phobias: ______________________________

Please describe specific techniques/methods that have been successful in addressing aggressive or disruptive behaviors:

Please describe any settings or activities that might trigger aggressive or disruptive behaviors:

PARTICIPATION

Can participate in all scheduled activities with the group ☐Independent ☐Needs Assistance
Can positively cope with schedule changes ☐Independent ☐Needs Assistance
Requires a set schedule ☐Yes ☐No
Can be independent during free time ☐Yes ☐No
Preferred free time activities: ______________________________

DIET/MEALS

Requires assistance with meals ☐ Yes ☐ No
May overeat ☐ Yes ☐ No
Requires a specific diet ☐ Yes ☐ No Dietary Needs/Restrictions: ______________
Has a food allergy or sensitivity ☐ Yes ☐ No Allergy/Sensitivity: ______________
Requires assistance following dietary needs/restrictions ☐ Yes ☐ No
If over 21, can consume alcohol ☐ Yes ☐ No *If yes, how much?* ______________
**Please note that participants are not permitted to bring alcoholic beverages on trips. Alcoholic beverages may only be purchased at designated times and locations with the group.*
Requires assistance reading a menu ☐ Yes ☐ No
Requires assistance ordering a meal ☐ Yes ☐ No

Additional Information:

PARTICIPANT NAME

MOBILITY

Can walk independently ☐ Yes ☐ No
Uses a wheelchair ☐ Yes ☐ No
Uses orthopedic equipment ☐ Yes ☐ No
Can walk long distances without assistance ☐ Yes ☐ No

Additional Information:

SAFETY

Can independently stay with the group ☐ Yes ☐ No
May wander from the group ☐ Yes ☐ No
Can recognize danger ☐ Yes ☐ No
Can safely transition from one activity to another ☐ Yes ☐ No
Can swim independently ☐ Yes ☐ No

Additional Information:

TRAVEL

Can tolerate travel arrangements ☐ Yes ☐ No
Displays negative behaviors while traveling ☐ Yes ☐ No
Specific behaviors: ____
Can appropriately handle changes in travel plans ☐ Yes ☐ No

Additional Information:

PERSONAL CARE

Requires assistance with personal belongings ☐ Yes ☐ No
Requires assistance with money management ☐ Yes ☐ No
Requires assistance with packing ☐ Yes ☐ No
Requires assistance with carrying luggage ☐ Yes ☐ No
Able to leave other's belongings alone ☐ Yes ☐ No

Please list all personal items that will be used/worn during this trip:

☐ Glasses ☐ Retainers ☐ Orthopedic Devices ☐ Communication Device
☐ Contact Lenses ☐ Hearing Aid ☐ Prosthetics ☐ Other: _______________

Additional Information:

PARTICIPANT NAME

HYGIENE

	Independent	Reminders	Verbal Prompting	Physical Assistance
Showering	☐	☐	☐	☐
Brushing Teeth	☐	☐	☐	☐
Dressing	☐	☐	☐	☐
Toileting	☐	☐	☐	☐
Brushing Hair	☐	☐	☐	☐
Washing Hands	☐	☐	☐	☐
Washing Face	☐	☐	☐	☐
Administering Medication	☐	☐	☐	☐

Additional Information:

SELF-ADVOCACY/AWARENESS

Personal space and socially appropriate behavior are expected at all times. This includes privacy during changing, bathing and other personal hygiene tasks, as well as wearing proper sleepwear.

Will participant need reminders to:

Change in private ☐ Yes ☐ No

Keep shower length to a minimum ☐ Yes ☐ No

Close the door when using the restroom ☐ Yes ☐ No

Knock if the restroom door is closed ☐ Yes ☐ No

Allow for a gap when sharing a bed ☐ Yes ☐ No

Wear appropriate sleepwear (tops/bottoms) ☐ Yes ☐ No

In the event that a participant needs to self-advocate, do you feel they will be able to communicate promptly to staff? ☐ Yes ☐ No

**Please note, examples include, but are not limited to: peer conflict, fear of planned activity, current changes in mood, etc.*

Additional Information:

SLEEP

May leave their room during sleeping hours ☐ Yes ☐ No

Can sleep through the night ☐ Yes ☐ No

Can wake up independently ☐ Yes ☐ No

Requires their own bed ☐ Yes ☐ No

May have overnight accidents ☐ Yes ☐ No

Uses sleeping devices ☐ Yes ☐ No

☐ CPAP Machine ☐ Retainer ☐ Ear plugs ☐ Other: ______________________________

Requires specific bedtime routine ☐ Yes ☐ No

PARTICIPANT NAME

SLEEP, CONTINUED.

Please check all that apply:

☐ Requires silence while sleeping ☐ Sleeps with fan on ☐ Sleeps with night light on
☐ Sleeps with noise machine on ☐ Sleeps with TV on ☐ Sleeps with light on

What time does the participant usually go to bed? ______________________________
What time does the participant usually wake up in the morning? ______________________________
How long does it typically take for the participant to get ready? ______________________________
Does the participant require their own bed? ☐ Yes ☐ No
Single beds are not always available. To inquire about a single bed, please contact Katie James by the registration deadline.
Does the participant typically sleep through the night? ☐ Yes ☐ No
Does the participant prefer a specific type of sleeping accomodation? ☐ Yes ☐ No
Example: Hotel, condo, cabin, etc.

Additional Information:

FURTHER INFORMATION/DETAILS:

SPECIFIC GOALS FOR NSSRA TRIPS:

Signature of Parent/Guardian: ______________________________ **Date:** ______________________________

Please attach any other information you feel will be helpful.

Questions? Contact Katie James, Recreation Specialist for Trips,
at (847) 509-9400 x6833 or kjames@nssra.org