## Participation Information for Organized Group Activities

## A Form for Programs and Agencies

Child's Name:		Age: _			
Our goal is to provide a best help him or her to the time to complete the our program.	participate succe	ssfully in this g	roup activity.	Thank y	ou for taking
What are your child's gadd comments below.	oals for this prog	am? Please ch	oose from the	e list prov	vided and/or
<ul><li>□ build confidence</li><li>□ have fun</li><li>□ learn a new skil</li><li>□ learn to be come</li></ul>	fortable working i e	ew challenge			
Additional comments:					
On a scale from 1 to 10					
1 2 3 Not at all comfortable	4 5 Somewi Comfort		7 8	9	10 Extremely Comfortable
Here is a list of commo organized group activitadvance of the first me	ty. Please check ar	y of the issues	that you wou	ıld like to	discuss in
		-	tor		





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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 vith this group activity?
lease list any medical issues or concerns you may have related to your child's articipation in this group activity.
would like to meet with my child's instructor prior to the first group session:     Yes  No
Sest 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



