



WELCOME TO
THE 2019 FRPA
CONFERENCE!





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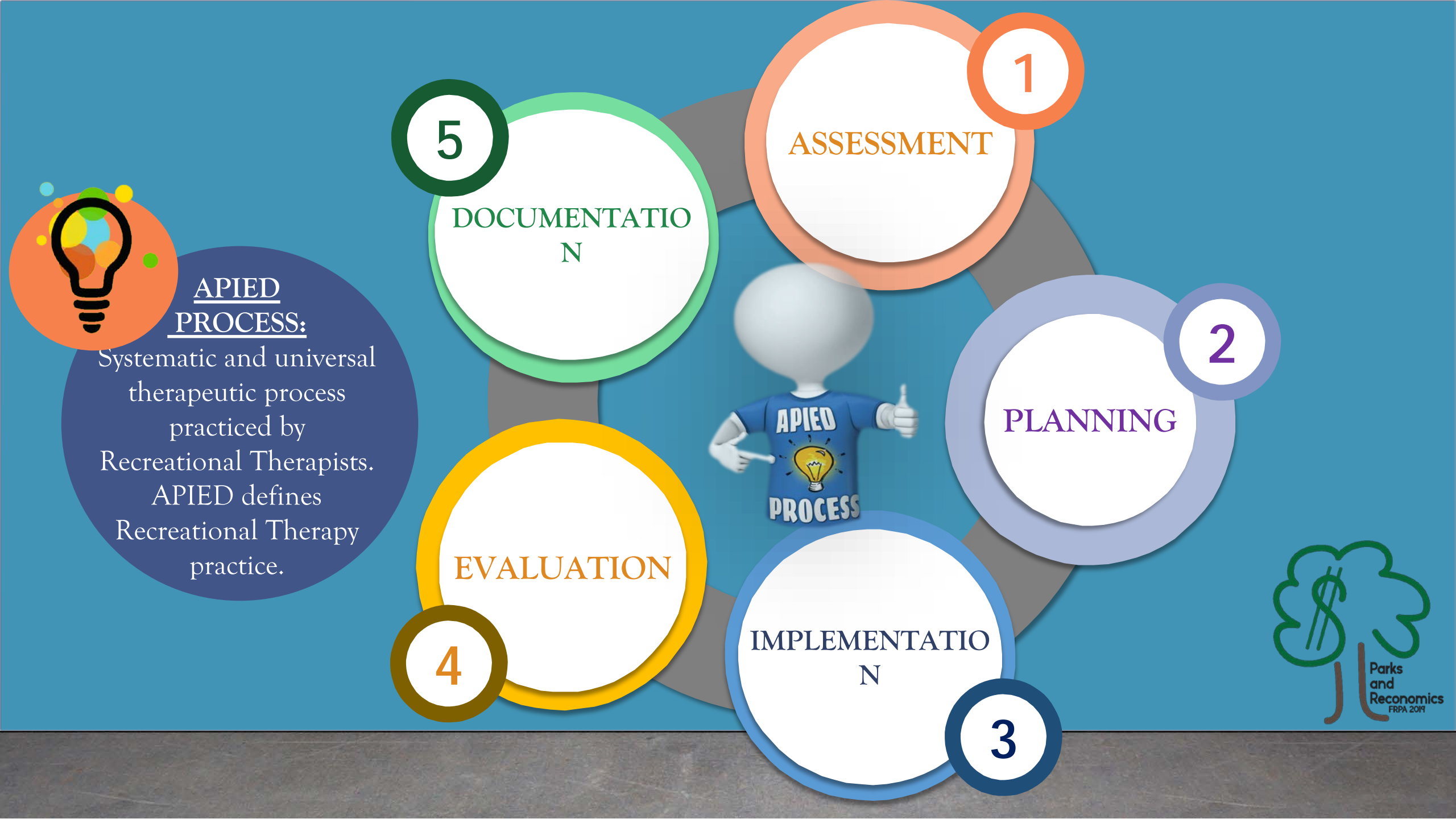


LEARNING OBJECTIVES

- Define the five steps of the APIED process.
- Recognize the best practices related to each step of the APIED process.
- Identify at least 3 examples of programs that use the APIED process in community settings.
- Describe how to apply the APIED process in individual settings and with different populations.







Characteristics of APIED process

- Problem-solving structure.
- Step-by-step / systematic.
- Logical and dynamic.
- Collaborative and person-centered.
- Efficient.




Efficiency
Straight Ahead



Benefits of APIED

- Competent professional practice.
- Provides guidance / direction to Recreational Therapists.
- Promotes customized / individual care.
- Maximization of program & interventions effectiveness through best practices.
- Allows for organized, and goal-oriented care.
- Leads to measurable outcomes.
- Ensures accountability by including evaluation of outcomes.





Systematic process for gathering specific information about an individual and his or her environment for the purpose of identifying needs, strengths, wants and challenges in order to make collaboratively decisions about the individual's treatment plan.

WHAT?

ASSESSMENT

WHY?

1

- To establish baseline for client functioning (needs, strengths, weaknesses, and wants of client).
- To determine appropriate course of action (provide the right services).
- To support team collaboration (easier communication with other professionals). To build rapport and trust with client.
- To meet professional standards of practice.
- To meet requirements for assessment by administrators and external agencies



PLANNING

WHAT?

Design phase of the process in which priorities are established, goals and objectives are formulated, interventions or programs to meet goals are selected, and methods to assess progress are determined.

WHY?

2

- To provide individualized services.
- To address the most urgent needs of our clients first.
- To provide appropriate activities and challenges based on skills and interests of clients
- To provide interventions that are evidence-based
- To increase the likelihood of success/outcomes.
- To have a 'road map' or guide.
- To meet professional standards of practice.

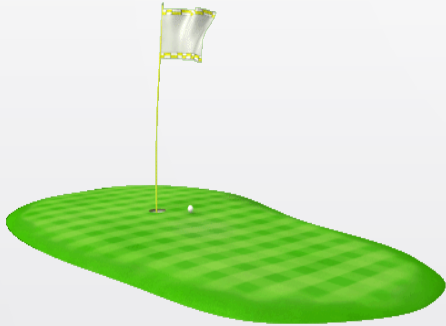


Service delivery phase of the Recreational Therapy process in which the Recreational Therapist puts the treatment plan into action.

WHAT?

3

IMPLEMENTATION



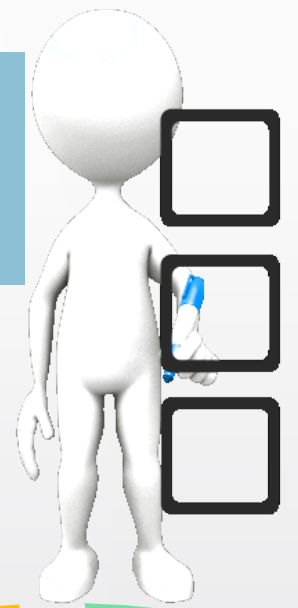
- To provide opportunities for clients to practice and develop skills.
- To facilitate change.
- To facilitate positive experiences.
- To help clients move towards success.

WHY

?



Systematic and logical process of gathering and analyzing selected information in order to make decisions about the quality, effectiveness, and/or outcomes of a program, function, or service.



4

EVALUATION

- To determine success of programs and interventions.
- To identify gaps in services.
- To justify the costs of services and the value of Recreational Therapy by demonstrating outcomes.
- To determine if quality care was provided (quality assurance).
- To comply with requirements of funding agencies.
- To comply with internal and external accreditation standards.

WHAT?

Classifying and storing materials and information manually or electronically to keep records and/or evidence.

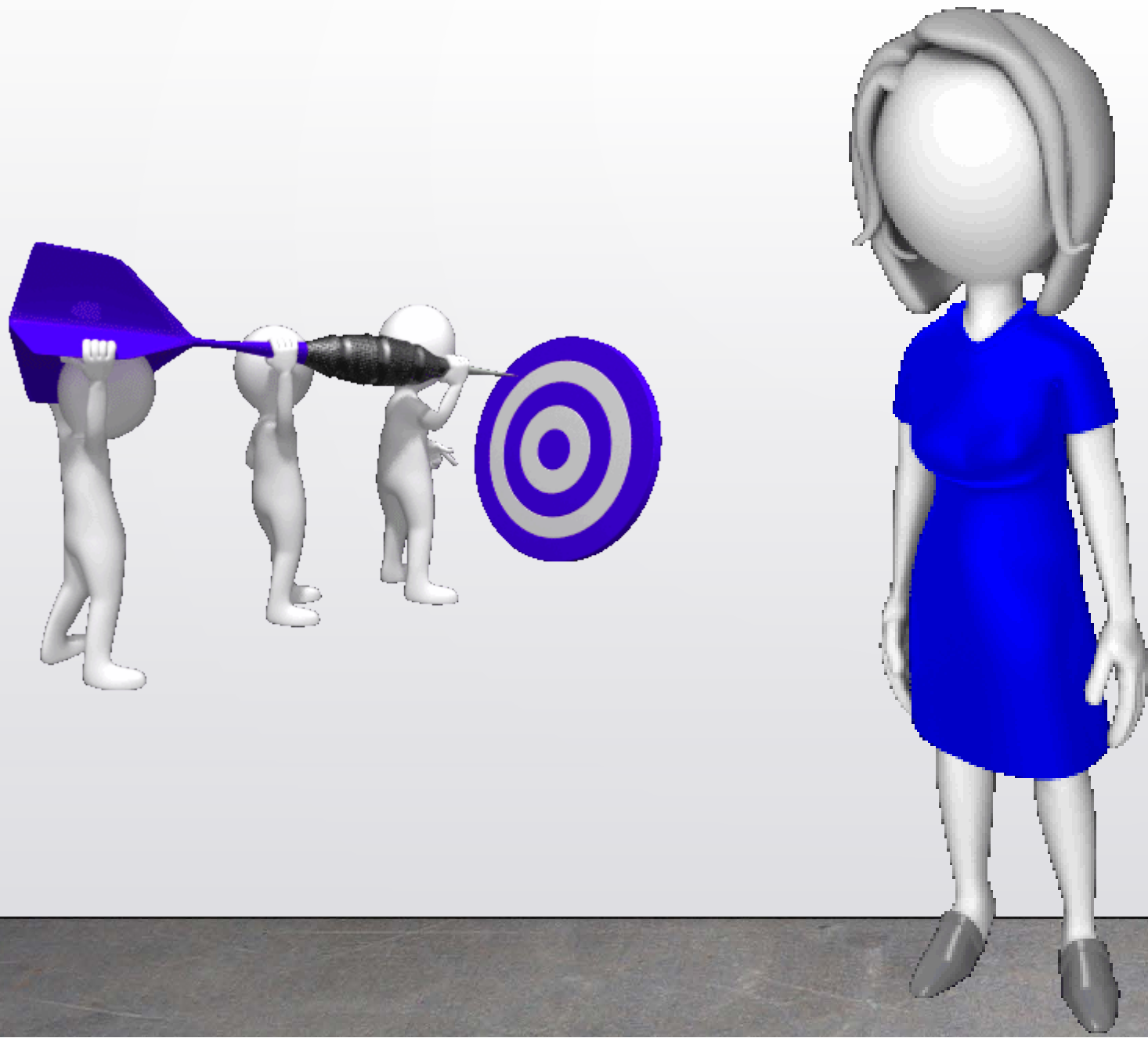
DOCUMENTATION

WHY?

5

- To have evidence of services (If it is not documented, it did not happen!)
- To assure continuity of care.
- To help track progress or regression.
- To communicate with other practitioners.
- To minimize risk (lawsuits, complaints).
- To have records of consent and agreements.
- To comply with internal and external regulatory requirements.





ASSESSMENT

ASSESSMENT STEPS

1. Referral
2. Initial contact with client (general information)
3. Select type of assessment
4. Schedule time and place of assessment (choose appropriate environment, involve family and other professionals if needed.)
5. Collect data
6. Summarize results
7. Report and share results
8. Use data to develop treatment plan

ASSESSMENT TYPES

1. Record Review
2. Interviews
3. Observations
4. Standardized assessments
5. Team-Based assessments
6. Secondary Sources
7. Ecological Assessments



Common RT Standardized Assessments

Tool	What does the tool assess?	With whom?
LEISURE DOMAIN		
Leisure Attitude Measure (LAM)	Attitudes toward leisure	Adolescents and adults
Leisure Interest Measure (LIM)	Leisure interests in eight domains	Adolescents and adults
Leisure Motivation Scale (LMS)	Motivations for leisure involvement	Adolescents and adults
Leisure Satisfaction Scale/Measure (LSM)	Satisfaction of needs through leisure	Adolescents and adults
Leisure and Recreation Involvement (LRI)	Perception of quality of involvement in recreation activities	Adolescents and adults
Leisure Assessment Inventory (LAI)	Leisure activity involvement, leisure preferences and interests, barriers	Adults with developmental disabilities
Leisure Step Up	Quality and breadth of recreation participation	Adolescents and adults
STILAP	Leisure interests and leisure lifestyle balance	Adults with developmental disabilities
Recreation Participation Data Sheet (RPD)	Functional leisure abilities such as initiation, participation, and decision-making	Children, adolescents, and adults
Community Integration Program (CIP)	Knowledge and functional skills for using leisure resources in the community	Children, adolescents, and adults

Common RT Standardized Assessments

FUNCTIONAL DOMAINS		
Comprehensive Evaluation in Recreational Therapy—Psych/Behavioral, Rev. (CERT-Psych/R)	Performance areas in general, individual, and group social skills	Adolescents and adults
Comprehensive Evaluation in Recreational Therapy—Physical Disabilities (CERT—Physical Disabilities)	Broad-based assessment in eight functional areas such as gross and fine motor function, locomotion and motor skills, sensory, cognitive, communication skills, and behavior	Adolescents and adults
FOX—Activity Therapy Skills Baseline	Social and affective skills	Individuals with developmental disabilities
Functional Assessment of Characteristics for Therapeutic Recreation, Revised (FACTR-R)	Functional skills in three areas: cognitive, physical, and social/emotional	Adolescents and adults
General Recreation Screening Tool (GRST)	Functional skills in all domains: cognitive, physical, social, and emotional	Children or individuals with developmental disabilities
Leisure and Social/Sexual Assessment (LS/SA)	Breadth and depth of understanding of social and sexual roles	Individuals with developmental disabilities
Recreation Early Development Screening Tool (REDS)	Functional skills in areas such as play, fine and gross motor skills, sensory, and social/cognition	Very young children or individuals with significant intellectual disabilities

Common RT Standardized Assessments

Leisure Diagnostic Battery	
<i>Scale</i>	<i>Description</i>
Scale A: Perceived Leisure Competence	Measures the level of perceived competence (the possession of required skills, knowledge, experience, or capacity for an activity) in leisure in social, cognitive, physical, and general terms
Scale B: Perceived Leisure Control	Measures the perception of stable, internal control over events or outcomes in leisure experiences
Scale C: Leisure Needs	Measures the ability to satisfy intrinsic needs through leisure experiences; needs include relaxation, surplus energy, compensation, catharsis, optimal arousal, status, gregariousness, creative expression, skill development, and self-image
Scale D: Depth of Involvement in Leisure	Measures how absorbed one can become in leisure, or experience flow (centering of attention, merging of action and awareness, loss of self-consciousness, perception of control over self and environment, clear demands from the activity)
Scale E: Playfulness	Measures how playful or spontaneous one is during leisure, including cognitive, social and physical spontaneity, and manifest joy
Total of Scale A–E	Perceived freedom in leisure
Scale F: Barriers to Leisure	Measures barriers: communication, social, decision-making, opportunity, motivation, ability, money, and time
Scale G: Leisure Preferences	Measures preferences for leisure in terms of activities (outdoor/nature, music/dance/drama, sports, arts/crafts/hobbies, mental linguistics; and style of participation (individual/group, risk/non-risk, active/passive)



Miami-Dade Parks Disability Services Initial Assessment

Initial Evaluation ☐

Re-evaluation ☐

General Information/History:

Interviewer: _____ Date: _____

Individual present with client being interviewed: _____

Name: _____ Age: _____ Date of Birth: _____

Place of birth: _____ Disability/Diagnosis: _____

Primary Language: _____ Secondary Language: _____

Current living situation (home, group home, nursing facility): _____

Contact Information: _____

Significant Events (health, milestones achieved, awards, outings, residence change): _____

Behavioral/Emotional Health Issues: _____

Health/Physical Information:

Other support and services received (therapy): _____

Contact Information: _____

Medical:	Level	Comments/Accommodations
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Others:		
Medications	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

Updated November 2016 Consumer/Authorized Representative Initials _____ Date: _____

Gross Motor:	Level	Comments/Accommodations
Ambulation	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Mobility Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adaptive Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Range of Motion	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Runs	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Sitting Balance	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Standing Balance	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Coordination (general observation)	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Fine Motor:		
Able to grasp small objects	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Ability to button shirts/buckle belt	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Ability to touch each finger to thumb	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Endurance:		
Tolerates >30 min. of moderate-strenuous physical activity	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Overall Observations:		

Communication:

Communication:	Level	Comments/Accommodations
Able to express self	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Speaks and understood by others	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Greets others	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Interacts with others	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Plans recreation activities	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Uses free time	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Prefers to be alone	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Small group interactions	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Large group interactions	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Overall Observations:		

Updated November 2016 Consumer/Authorized Representative Initials _____ Date: _____

Activities of Daily Living Skills:

Self-Help:	Level	Comments on any areas that are not WFL
Cleans up after self	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Washes hands	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Dressing /undressing self	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Grooming	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Toileting / Hygiene	<input type="checkbox"/> Dep. <input type="checkbox"/> Indep. <input type="checkbox"/> NA	
Requires assistance with clothes and supervision inside the restroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ties shoes	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Simple meal preparation	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Able to be responsible for own belongings	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Able to use the phone	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	

Community:		
Knows phone # and address	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Able to cross the street safely	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Understands basic community safety	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Accesses community transportation	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Personal Safety:		
Able to distinguish a familiar adult from a stranger	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Able to refuse invitation with assertiveness	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Understands personal boundaries	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Recognizes basic environmental dangers	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Understands basic fire safety	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Understands basic home safety	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Stays with group/Does not wander	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Manages own money	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	

Overall Observations:		
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Updated November 2016 Consumer/Authorized Representative Initials _____ Date: _____



Initial Assessment ☐ Re-assessment ☐

Participant Assessment

Persons Interviewed / Relationship: _____

Demographic:

Name: _____ Current Age: _____ Current Grade in School: _____

Primary Contact Information: _____

Please specify any known diagnosis: _____ Therapies the participant is currently receiving: _____

Secondary conditions: _____

School Attending: _____ Diploma Track: ☐ General Diploma ☐ ESE Diploma

Living Situation: _____

Cognition & Learning

Participant's Strengths:

Areas Affected by the Participant's Disability:

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Listening | <input type="checkbox"/> On-task behavior | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Math skills |
| <input type="checkbox"/> Following multi-step commands | <input type="checkbox"/> Memory | <input type="checkbox"/> Mental flexibility | <input type="checkbox"/> Problem solving & reasoning skills | <input type="checkbox"/> Decision making |

Other (explain)

Participant's Needs:

Fitness & Physical Conditioning

Participant's Strengths:

Areas Affected by the Participant's Disability:

- | | | | | |
|------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Strength | <input type="checkbox"/> Coordination | <input type="checkbox"/> Mobility | <input type="checkbox"/> Fine Motor Skills |
|------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|--|
- Other (Explain)

Social / Emotional / Behavioral

Participant's Strengths:

Areas Affected by the Participant's Disability:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Ability to speak | <input type="checkbox"/> Speech intelligibility | <input type="checkbox"/> Rate of speech | <input type="checkbox"/> Tone of speech | <input type="checkbox"/> Non-verbal skills |
| <input type="checkbox"/> Engaging with others | <input type="checkbox"/> Eye contact | <input type="checkbox"/> Interrupts | <input type="checkbox"/> Greeting others | <input type="checkbox"/> Responding to others |
| <input type="checkbox"/> Cooperation | <input type="checkbox"/> Considering others | <input type="checkbox"/> Showing empathy | <input type="checkbox"/> Sharing with others | <input type="checkbox"/> Assertiveness |
| <input type="checkbox"/> Impulse control | <input type="checkbox"/> Frustrates easily | <input type="checkbox"/> Motivation | <input type="checkbox"/> Mood and affect | <input type="checkbox"/> Handling criticism |
| <input type="checkbox"/> Respects other's belongings | <input type="checkbox"/> Responding to authority | <input type="checkbox"/> Maintaining boundaries | <input type="checkbox"/> Using appropriate language | <input type="checkbox"/> Displays emotions appropriately |

Other (Please include problematic behaviors that are of concern):

Participant's Needs:

Is a Behavior Management Plan recommended at this time? ☐ Yes ☐ No

Independent Living & Community Skills

Participant's Strengths:

Areas Affected by the Participant's Disability:

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Washing hands | <input type="checkbox"/> Cleaning up after self | <input type="checkbox"/> Dressing /Grooming | <input type="checkbox"/> Tying shoes | <input type="checkbox"/> Toileting/Hygiene |
| <input type="checkbox"/> Completing simple household chores | <input type="checkbox"/> Simple meal preparation | <input type="checkbox"/> Money management | <input type="checkbox"/> Recognizing safety signs | <input type="checkbox"/> Ability to be responsible for belongings |
| <input type="checkbox"/> Awareness of community resources | <input type="checkbox"/> Recognizing dangers in the home | <input type="checkbox"/> Recognizing dangers outdoors | <input type="checkbox"/> Health awareness | <input type="checkbox"/> Nutrition awareness |
| <input type="checkbox"/> Self-determination | <input type="checkbox"/> Self-advocacy | <input type="checkbox"/> Job skills awareness | <input type="checkbox"/> Career awareness | <input type="checkbox"/> Ability to use maps |

Other (explain)

Participant's Needs:

Leisure

Participant's Interests and Experience:			
Areas Affected by the Participant's Disability:			
<input type="checkbox"/> Leisure Skills: Specific skills related to recreation and leisure involvement	<input type="checkbox"/> Leisure Awareness: Benefits, barriers, and resources	<input type="checkbox"/> Self-determination and decision making in leisure	Other (Explain)
Participant's Needs:			
Participant's Swimming Ability: <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			

Transition Plan (for participants 14 years of age and older): ☐ N/A at this time

Caregiver's/Participant's goals when participant ages out of school:	
What actions have you taken to prepare for transition?	
Guardianship Status: <input type="checkbox"/> N/A at this time <input type="checkbox"/> Needs more information <input type="checkbox"/> Parents have already applied for & received guardianship <input type="checkbox"/> Unaware of options / resources. Caregiver needs help w/planning. <input type="checkbox"/> Other (please specify)	Transportation Status: <input type="checkbox"/> Caregiver will provide transportation <input type="checkbox"/> Will use STS <input type="checkbox"/> Already using STS <input type="checkbox"/> Will use other public transportation <input type="checkbox"/> Unaware of options / resources. Caregiver needs help w/planning. <input type="checkbox"/> Other (please specify)
Current anticipated plan when participant ages out of school: <input type="checkbox"/> Adult Day Training Program <input type="checkbox"/> Employment/Supportive Employment <input type="checkbox"/> Post-Secondary education/training <input type="checkbox"/> Stay at home w/caregiver <input type="checkbox"/> Group home <input type="checkbox"/> No plan at this time. <input type="checkbox"/> Unaware of options / resources. Caregiver needs help w/planning. <input type="checkbox"/> Other (please specify)	Financial Resources: <input type="checkbox"/> Have already been approved for Medwaiver <input type="checkbox"/> Currently on Medwaiver waiting list <input type="checkbox"/> Unaware of Medwaiver <input type="checkbox"/> Personal Savings /Trust Fund <input type="checkbox"/> Have not yet begun to plan financially. <input type="checkbox"/> Unaware of options / resources. Caregiver needs help w/planning. <input type="checkbox"/> Other (please specify)
Caregiver's/Participant's needs in relation to transitioning into adulthood:	

Additional Pertinent Information:

Is a probation period recommended at this time? No ☐ Yes ☐ Time frame: _____ If so, please explain reason:

Updated 2/14/19

Follow up on probationary period:

Goals and Plan Timeline:

Child/Family's goals for current school year (please indicate whether the goals are the child's or caregiver's):	
Goals & Objectives:	
1.	
2.	
3.	
4.	
5.	
Plan: <input type="checkbox"/> Social Skills Training <input type="checkbox"/> Provide Activity-Specific instruction/opportunities <input type="checkbox"/> Active Games & Fitness Activities <input type="checkbox"/> Health & Safety Education <input type="checkbox"/> Community Outings <input type="checkbox"/> Independent Skills Training Other:	
Referrals:	

Completed by

Date

Updated 2/14/19

Social-Cognitive:

Cognitive:	Level	Comments/Accommodations
Solves routine problems	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Short-term memory	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Attention / Concentration	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Follows directions	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Task initiation	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Decision making	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Organizational skills	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Reading Ability	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Writing Ability	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Social-Leisure Skills:		
Maintains eye contact	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Displays appropriate affect	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Regards other's personal space	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Interrupts appropriately	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Initiates interaction	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Able to work/play cooperatively	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Interacts well with peers	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Maintains appropriate social / physical boundaries	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Shares with others	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Overall Observations:		

Emotional / Behavioral:

Emotional:	Level	Comments on any areas that are not WFL
Frustration tolerance	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Displays emotions appropriately	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Motivation	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Mood & Affect	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Overall Observations:		

Behavioral:	Level	Comments on any areas that are not WFL
Impulse control	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Cooperation	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Assertiveness	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Regards others feelings	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Responds to authority appropriately	<input type="checkbox"/> WFL <input type="checkbox"/> Impaired	
Overall Observations:		

Negative behaviors that are a concern:

How are negative behaviors currently managed at home/school?

Are there any current behavior management plans / goals currently in place?

Is a Behavior Management Plan recommended at this time? If yes, see MDPR Behavior Management Policy & Plan/attach plan

Leisure/Recreation:

Preferred activities, hobbies:

Previous and current involvement in recreation activities:

Activities the participant particularly likes:

Activities the participant particularly does not like:

Activities the participant would like to try:

Swim level (can't swim, beginner, intermediate, advanced):

Methods that work best for the participant during activities:
____ Pre-teaching, ____ verbal prompts, ____ physical prompts, ____ hand-over-hand, ____ physical assistance, ____ demonstrations,
____ peer buddy, ____ equipment/adaptations, other

Prioritize list of activities participant enjoys the most (ex. #1 being type of activity he/she enjoys the most) and list specific activities in the top three categories.

- ____ Sedentary activities (cards, board, dominoes, etc.):
- ____ Active games/sports (basketball, tennis, soccer, kickball):
- ____ Outdoor activities (fishing, camping, gardening, etc.):
- ____ Artistic Activities (dancing, music, painting, etc.):
- ____ Social Activities (movies, parties, etc.):
- ____ Technological Activities (computer, video games, etc.):

Vocational/Educational:

Describe your past educational activities:

Are you now, or have you ever been employed? If yes, describe:

Would you like to be employed?

What kind of work would you like to do?

Would you like to pursue training for a job?

Volunteer experience? Yes/No Explain:

Observation:

Observed by: _____ Date: _____ Length of time: _____

	Not at all	Some of the time	Most of the time	All of the time
Took part in activities				
Seemed to enjoy activities				
Behavior was appropriate				
Socialized with others				
Followed directions				
Seemed comfortable				
Communicated				
Overall Observations:				

Updated November 2016 Consumer/Authorized Representative Initials _____ Date: _____

Goals and Timeline:

Goals & Objectives:

1. _____

a. _____

b. _____

c. _____

2. _____

a. _____

b. _____

c. _____

3. _____

a. _____

b. _____

c. _____

Comments:

Consumer/Authorized Representative Signature

Date

Updated November 2016 Consumer/Authorized Representative Initials _____ Date: _____

PLANNING

Writing Goals and Objectives

Goals: general accomplishments the client strives and needs to achieve through participation in Recreational Therapy services.

Objectives: Specific, measurable behaviors that indicate when and how the broader goal will be met. Objectives have 4 parts:

1. **Condition**- circumstances
2. **Behavior**-action
3. **Criterion**-measurable indicator
4. **Time**

Each client should have an individualized program plan (IPP) with goals and objectives.

Smart Goals and Objectives

S Specific

M Measurable

A Attainable

R Realistic

T Timely

Sample Goal

Improve motor skills related to throwing, kicking, and catching.

Sample Objective

By September 30, the client will overhand toss a 6-ounce (170-g) beanbag into a 3-foot diameter hula hoop from a distance of 10 feet on four out of five attempts

Condition: from a distance of 10 feet, 6-ounce beanbag, 3-foot hula hoop.

Behavior: overhand toss a beanbag

Criterion: on four out of five attempts

Time: By September 30



Sample Plan from TRI program

(Goal)

The participant will demonstrate improved age-appropriate social-play skills during the OOS program with minimal redirection from staff by the end of the school year.

(Obj.1)

During SEL activities, the participant will demonstrate the ability to share supplies with others and wait turn to speak with minimal reminders before the start of the session 4/5 days a week.

(Obj.2)

When speaking to others, the participant will maintain an appropriate distance (personal space) away as deemed appropriate by staff 75% of the time.

(Obj.3)

Upon being greeted by staff at arrival, the participant will reciprocate and greet staff and peers by making eye contact, saying hello, and/or extending a physical gesture of greeting such as a handshake, fist bump, or pat on shoulder with minimal to no reminders 4/5 days out of the week.

Plan:

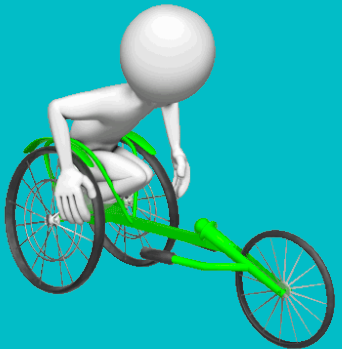
Social-emotional learning activities 30 min.
daily 5xweek

IMPLEMENTATION

Facilitation Techniques = Modalities

Research new modalities and use evidence-based ones

Retail Therapy	Intergenerational Programming	Validation Therapy	Biofeedback
Virtual travel	E-sports	Bibliotherapy	Therapeutic use of Humor/ Laughter
Pain Management	Therapeutic Use of Play	Sensory Interventions	Horticulture Therapy
Adventure Therapy	Therapeutic Use of Animals	Values Clarification	Community Reintegration
Therapeutic Use of Exercise	Therapeutic Reminiscence	Assistive Technology	Social Skills Training
Therapeutic Use of Sports	Relaxation/Stress Management (Qigong)	Leisure Education	Assertiveness Training



IMPLEMENTATION

Factors to consider when selecting interventions

- Participant interests, needs, strengths, challenges, and priorities.
- Treatment plan goals and objectives.
- Participant values (ethnic, cultural, religious, other).

- Evidence-based interventions.
- Carry-over value after Recreational Therapy services.
- Contact time and supervision needed to effectively implement the approach or intervention.
- Competence of Recreational Therapist in particular modalities. Specialized training needed for a particular technique

ACTIVITY IMPLEMENTATION STAGES

BRIEFING

LEADING

DEBRIEFING

Implementation Example



Miami-Dade County Parks, Recreation and Open Spaces THERAPEUTIC RECREATION AND INCLUSION

“We create outstanding inclusive recreational, natural and cultural experiences to enrich you and enhance the quality of life for our community for this and future generations.”

At MDPROS, the CTRs implement planned interventions. The main goal is to improve the overall quality of life for the participant. Different programs are used throughout Miami-Dade County to carry out the treatment plan.



Implementation Example

WHAT WE PROVIDE:

Therapeutic Recreation/ Recreational Therapy?

Recreation and activity-based interventions that are utilized to address the assessed needs of individuals with illness and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being.

- ❖ Restore
- ❖ Remediate
- ❖ Rehabilitate

► Goals include:

- Increasing a person's level of functioning
- Independence in life activities
- Promoting health and wellness
- Reducing or eliminating activity limitations and restrictions caused by an illness or disabling condition



Implementation Example



WHO WE ARE:

Our Staff:

24 FT and 31 PT staff

1 Manager (MS degree)

6 FT RT II. Recreation Therapist II (all BS degree or higher).

7 FT DPS. Disability Program Specialists (all BS degree or higher).

Other: RS I, RL, PSA and Driver attendant.

1 ASS (Administrative Support Specialist)

1 AO2 (Administrative Officer 2)

Manager has CTRS and CPRP credential, and all RTII have CTRS credential.

CTRS Credential: Certified Therapeutic Recreation Specialist.

All RTII and RSI have WSI, 1st Aid and CPR, Childcare certification, and 1 staff is a Credentialed Director for The Children's Trust Sites.

QUALITYCONSISTENT.....CARING ...DEDICATED.....



Implementation Example



WHAT WE OFFER:

Daily Programs

► For children/teenagers:

- **4 TCT out-of school sites** (for children with disabilities, working on fitness, social emotional learning, nutrition, and art).
- **2 Fee based out of school sites**

► For adults:

- **Adult Day Training** at AD Barnes Park- 1:10 ratio for adults with varying disabilities, working on activities of daily living, social skills, job readiness, and fitness.



Implementation Example

Sports Programs

- ▶ For children:
 - ▶ STARS- Sports training for children with Autism Spectrum Disorder (aquatics, basketball, soccer, tennis and more)
- ▶ For adults:
 - ▶ Sports Training Program- Special Olympic sports training (bowling, aquatics, basketball, track and field)
- ▶ For children and adults:
 - ▶ Aquatics- 1:1 or group swim lessons for people with disabilities
 - ▶ Miracle League Baseball



Implementation Example



Adapted Sports:

for adults with physical, visual, or hearing impairments:

- ▶ Wheelchair Basketball
 - ▶ Handcycling
 - ▶ Boccia
 - ▶ Golf
 - ▶ Archery
-
- ▶ VICTOR grant- adaptive sports grant to run programs for veterans with disabilities (camping, snorkeling, trap shooting, fishing, sailing, waterskiing and more)



Implementation Example

Social Programs:

► For children:

- EXPLORE (Exceptional people Learning Through Outings and Recreation Education)

► For teenagers:

- LEAPS (Leisure Education and Planning skills)
- Paint the Town Blue

► For adults:

- Fun on Friday
- Saturday in the Park



Evaluation Levels

Client
Evaluation

Program
Evaluation



EVALUATION TOOLS

1. Checklists
2. Ratings
3. Surveys
4. SMART system
5. Goal Attainment Scaling (GAS)



Evaluation Types

Formative
Evaluation

Summative
Evaluation

EVALUATION

Evaluation Example: Caregiver Survey



Miami-Dade Parks, Recreation and Open Spaces Parent/Caregiver Program Survey

Please take a few moments to tell us about your family member's experience. Your comments will help us to further improve our services and we look forward to your return.

Please rate your observed level of satisfaction in the following categories:

5=Very Satisfied, 4=Satisfied, 3=Somewhat Satisfied, 2=Unsatisfied, 1=Very Unsatisfied

Program Activities

	5	4	3	2	1
Appropriate (activities are challenging, age-appropriate, varied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide opportunities to learn new skills or gain new experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individualized (meet the participant's personal needs, abilities and goals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable (fees paid are appropriate for the services provided)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staff

	5	4	3	2	1
Are sensitive to the needs and abilities of my family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Display enthusiasm and a good attitude around participants, family members and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are knowledgeable in working with people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Display professionalism (well-prepared, dress appropriately, use appropriate language)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication (keep me informed about my child, program information)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Facilities

	5	4	3	2	1
Programming areas are clean and well-maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programming areas are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are adequate supplies for all participants to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment and materials used in programs are appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate your level of agreement with the benefits to you and your family member as a result of the program
5=Strongly Agree, 4=Agree, 3=Neutral, 2=Disagree, 1=Strongly Disagree

Benefits to the program participant

	5	4	3	2	1
The participant is more physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The participant is less socially isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The participant develops or feels a sense of accomplishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The participant enjoys a meaningful activity they enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Benefits to the parent/caregiver

	5	4	3	2	1
This programs helps reduce my overall stress knowing my child is kept engaged in safe activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program has given me the opportunity to network with other families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program has provided opportunities to my child I never knew existed or would have time for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you recommend this program to others?

Yes ☐ No ☐

Please tell us what you like best about the program:


Please tell us how we can improve the program:

Contact Information (Optional)

Program Name:





Evaluation Example: Child Survey







**Miami-Dade Parks, Recreation and Open Spaces
Child Program Survey**



Name: _____ Date: _____



Color one in

I like coming here  

The program helps me stay active and healthy  

I feel safe here  

Staff here make the program fun and exciting  

I learned something new in this program  

What were your favorite activities?

What else would you like to do?

Name of program: _____ Supervised by: _____



Evaluation Example: Adult Participant



Miami-Dade Parks, Recreation and Open Spaces Adult Participation Program Evaluation

I participated in the following program:

Please rate your level of satisfaction with the following items:

5=Very Satisfied, 4=Satisfied, 3=Somewhat Satisfied, 2=Unsatisfied, 1=Very Unsatisfied

Participation

	5	4	3	2	1
1) I enjoyed participating in the activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to fully participate in the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this program to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program met my expectation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Logistics: Facilities

	5	4	3	2	1
The location of the program was convenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facility was adequate for the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate time allotted for the activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe during the activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information provided was useful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staff

	5	4	3	2	1
Staff were friendly and courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff were prepared and organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff were sensitive to my needs/abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff displayed an enthusiastic and professional attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff appeared concerned for my safety and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate your level of agreement with the benefits you have experienced as a result of the program
5=Strongly Agree, 4=Agree, 3=Neutral, 2=Disagree, 1=Strongly Disagree

Benefits

	5	4	3	2	1
I am more physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel less pain during the activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am less isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel this program helps me adjust more to my disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel less stressed/more relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have found an activity I really enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of belonging amongst peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel this program helped improve my overall level of fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program helped me improve my emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share with us how you feel we can better improve this program for future participants

Please tell us what other types of programs you would be interested in


Please provide your contact information (optional)

Please tell us what you like best about the program

DOCUMENTATION

WHAT TO DOCUMENT?

- Referrals
- Assessment document
- Assessment summary
- Treatment plan document
- Progress notes and progress reports
- Plan updates
- Risk management documents
- Discharge summary
- Transition summary



strive
RECREATIONAL THERAPY

OUT-PATIENT RECREATIONAL THERAPY REFERRAL

Name _____ Birth date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Other Phone (____) _____

Legal guardian/ Family contact name _____ Phone (____) _____

Legal guardian/ Family contact relationship: _____

Email Address _____

Diagnoses _____ (ICD10) _____ Date of Onset _____

Medical History _____

Precautions/ restrictions _____

Current Medications _____

Physician Name _____

Physician Address _____ City _____ State _____ Zip Code _____

Physician Phone (____) _____ Physician fax (____) _____

INSURANCE _____ Name of Policy Holder _____

Policy/ Case # _____ Insurance Phone (____) _____

Insurance Claims Adjuster Name _____

Case mgr or referral name _____

Case mgr phone (____) _____ Case mgr fax (____) _____

Agency Name _____

Agency Address _____ City _____ State _____ Zip _____

PLEASE ATTACH PHYSICIAN'S ORDER FOR TREATMENT WITH THIS FORM

Type of Service Requested (Please Circle)

Individuals Education Plan	Support Group	Community Reintegration	Other (specify): _____
Sports Clinics	Leisure Education	Adapted Activities	
Aquatics	Group Therapy	Activities	
Individual Therapy	Classes	Volunteer/ Vocational	

MAIL/ FAX/ EMAIL FORM TO:
Strive, c/o Stella Hirsch, 7111 Dixie Hwy, #123, Clarkston, NJ 08414 Phone 248 922 1236 Fax 248 922 1235 or Email: info@striverts.com
www.striverts.com





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FRPA
**FLORIDA RECREATION
& PARK ASSOCIATION**

FOR MORE INFORMATION ABOUT THE FLORIDA RECREATION AND PARK ASSOCIATION VISIT FRPA.ORG