

Participant Modification Plan Update

Arlington County Therapeutic Recreation

We have a Modification Plan on file for your participant, however as individuals grow and change throughout the year(s) we like to check in and get updates to provide appropriate support(s). Please use the form below to share with us changes in support. If there are no support changes, simply put N/A. When complete, email it back to trinfo@arlingtonva.us.

Participant Name	Date
Motivators/Preferred activities	Pertinent Medical Information (allergies, diabetes, seizures, etc.)
Communication Skills (communication method, preferred topics of conversation, etc.)	Social Skills (interactions, conversations, personal space, taking turns, sharing)
Behavioral Cues (transitions, noise, change in routine, etc.)	Behavior Skills (respecting authority, coping with "no," staying on task, etc.)
Activities of Daily Living (eating, dressing, toileting, ambulation, etc.)	Safety (with groups/others, mask wearing, physical distancing, etc.)

Recommendations for support (successful supports that are implemented at home, school, or other programs, etc.)