



County of Powhatan
Parks and Recreation
Therapeutic Recreation Program Survey



The purpose of this survey is to gather information regarding the leisure needs and interests of Powhatan County residents with disabilities and special needs. We are here to provide, serve, and help you experience how recreation can enhance health, independence and quality of life!

Name: _____ Age: _____ Date: _____

Parent/Guardian/POC: _____

Email Address: _____ Phone Number(s): _____

Address: _____

The information we are asking for will remain completely confidential. While we are asking for your contact information, the only purpose is that we may contact you with updates to this important program. This information will not be shared with anyone for any reason. If you do not feel comfortable giving this information, please complete the remainder of the survey so we can get a better understanding of the needs in our community.

Maybe even add a place for email address so you could build a database of these folks so you can mass email them of any progress being made.

Name of School: _____

Lives with: _____

Disability: _____ Physical _____ Cognitive _____ Emotional _____ Behavioral

Primary Diagnosis: _____

Most Convenient Times to Participate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Activities of interest:

- _____ Adaptive Sports (baseball, soccer, basketball, bowling, others _____)
- _____ Inclusive Sports (baseball, soccer, basketball, bowling, others _____)
- _____ Arts and Crafts _____ Water Activities _____ Horticultural
- _____ Summer Camps _____ Social Programs _____ Performing Arts
- _____ Special Olympics _____ Fitness _____ Adventure

Other suggested activities: _____

Comments: _____

Thank you for your time and feedback!