

MOBILITY

_____ Walks/Runs Independently _____ Needs Assistance Walking/Running _____ Needs Assistance on Steps
_____ Uses Walker _____ Wears Braces On Legs _____ Uses Wheelchair

If camper uses a wheelchair, please describe transfer procedures. _____

**LEVEL OF SUPERVISION REQUIRED FOR TIME AT CAMP
(CHECK ONLY ONE)**

_____ Can function totally independently and in a group in all or most settings with little supervision
_____ Can function independently for short periods of time and in a group with 1 staff and several others the rest of the time
_____ Generally can function in a group with supervision and 2-3 others; needs one-to-one supervision for some activities
_____ Needs one-to-one supervision throughout the day
(Check in addition to one of the above if applicable)
_____ Needs more than one staff with him/her when agitated or upset

FURTHER EXPLANATION OR COMMENTS REGARDING ANY OF THE ABOVE:

In the following sections, please check off any statements that apply. You may check off as many as are needed. Please answer thoroughly giving examples. Use and attach additional paper if necessary.

TOILETING

(comments)

_____ Uses toilet independently _____ Is partially toilet trained _____ Needs to be reminded _____
_____ Needs some assistance using the toilet _____
_____ Uses the toilet on a schedule (What is the schedule?) _____
_____ Does not use toilet at all (uses incontinent briefs, etc.) _____
_____ Needs enemas or suppositories _____
_____ Is independent in menstrual care (if applicable) _____

How does he/she let you know they need to go to the restroom? _____

Mealtimes

(comments)

_____ Has a poor appetite _____ Has a good appetite _____ Has an excessive appetite
_____ Has good table manners _____ Has inappropriate table manners (throws food, grabs food, etc.)
_____ Fed through a G-Tube _____
_____ Can use _____ fork _____ spoon _____ knife _____ needs food cut
_____ Takes portions independently _____ Drinks from a cup without assistance
_____ Has difficulty with choking or swallowing _____
_____ Uses special utensils (Please label and send to camp) _____

What are some favorite foods and drinks? _____

What other special dietary needs does he/she have? (no sugar, no meat, limit servings, etc.) _____

Dressing

_____ Has no dressing problems _____ Can choose own clothes
 _____ Can put on _____ underwear _____ socks _____ shirt _____ pants
 _____ Can button _____ snap _____ zip _____ tie shoes
 _____ Can undress partially _____ Can undress completely _____ Needs lots of assistance dressing

Please describe what assistance is needed in (un)dressing: _____

BEHAVIOR

Please indicate how often, if ever, the following behaviors occur and how staff should respond.
It is most beneficial for you to provide accurate and detailed information in order to maintain consistent management.

| <u>BEHAVIOR</u> | <u>NEVER</u> | <u>SELDOM</u> | <u>OFTEN</u> | <u>EXPLAIN/DETAILS</u> |
|--|--------------|---------------|--------------|------------------------|
| -Self Abuse | _____ | _____ | _____ | _____ |
| -Can be a leader | _____ | _____ | _____ | _____ |
| -Bites others | _____ | _____ | _____ | _____ |
| -Scratches, pinches, or hits others | _____ | _____ | _____ | _____ |
| -Uses appropriate touch | _____ | _____ | _____ | _____ |
| -Grabs other people | _____ | _____ | _____ | _____ |
| -Has good manners | _____ | _____ | _____ | _____ |
| -Uses inappropriate language | _____ | _____ | _____ | _____ |
| -Inappropriate sexual behavior | _____ | _____ | _____ | _____ |
| -Does not like to be touched | _____ | _____ | _____ | _____ |
| -Prefers to be alone | _____ | _____ | _____ | _____ |
| -Runs away or darts | _____ | _____ | _____ | _____ |
| -Enjoys social gatherings | _____ | _____ | _____ | _____ |

Please describe in more detail these or any other challenging behaviors we should know about _____

What usually triggers challenging behaviors? _____

What are effective responses to challenging behaviors? _____

What are two or three effective rewards? _____

ACTIVITIES

What are some of the applicant's most favorite activities and personal interests? _____

_____ I am unsure how he/she does in the pool/lake.

_____ Applicant swims well

_____ Fears water [and/or] _____ will not get into water willingly

_____ Applicant cannot swim; must remain in the shallow water

_____ Needs to wear a life jacket at all times *(mark this item if applicant has a seizure disorder)*

_____ Applicant has very sun sensitive skin _____ Somewhat sun sensitive skin _____ Skin is not sun sensitive

Some favorite outdoor activities are _____

_____ Applicant has good fine motor skills

_____ Applicant has poor fine motor skills _____ Needs hand-over-hand assistance

Please list any indoor games/activities that the applicant particularly likes or specifically dislikes (playing cards, painting, etc.)

Activities applicant does not like are _____

MEDICAL CONCERNS

Please describe any health problems that the participant has (seizures, diabetes, medication side effects, etc.): _____

Medications taken _____

Medication times _____

Please list all of the participants known allergies to food, medication, etc. and his/her reaction: _____

Are there any blood or body fluid precautions? _____ Yes _____ No

If yes, what type? _____

Is the applicant a smoker? _____ Yes _____ No

Comments (who manages their cigarettes, do they smoke on a schedule, used as a reward?): _____

THANK YOU FOR COMPLETING THIS FORM THOROUGHLY. Is there anything else we should know in order to provide the best care and experience possible? Feel free to fill the rest of this page, as well as add additional paper as you need to.

Name of person filling out form: _____ Phone: _____

Relationship to Camper _____

Signature: _____ Date: _____