



One Form – Personal Profile for Campers

Camper's full name _____

Camper's age _____ Camper's date of birth: _____

Diagnosis/disability _____

Weight and height _____

Daytime telephone number (_____) _____ - _____

Does your camper have an EA at school? _____

If yes, please explain (Full time? Academic only? Part-time? 1:1 or shared with other students?)

Communication Skills (check all that apply)

- Communicates verbally – fluently (English)
- Communicates verbally – able to express needs and desires
- Communicates using ASL – able to Lip Read
- Communicates using picture systems (please detail below)
- Other

Sensory Information and Interest

What does your camper like and not like...

To Do _____

To Eat _____

To See _____

To Feel/Touch _____

Motor Skills and Physical Needs

What types of activities may be difficult for your camper to participate in? Please comment on their skill level:

Fine Motor Skills (writing cutting, painting, etc.) _____

Gross Motor Skills/Balance (ie. running, jumping, hopping, etc.) _____

Does your camper require some or full assistance with toileting? _____

Does your camper require some or full assistance with eating/drinking? _____

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Social Skills

Enjoys being/playing with children of (check all that apply):

Same age Younger age Older age

How does your camper interact with their peers? _____

Is there a need for any assistance or motivation when socializing with other people (ie, initializing interaction with others, reminders to respect personal space, etc.?) _____

Becoming Upset

Describe what it looks like if/when your camper becomes upset. How do you manage such situations? What suggestions do you have for our staff during these situations? _____

What are some triggers? _____

Any habits? _____

What is comforting in a stressful situation? _____

What are some motivators to help your camper participate in activities if they are reluctant? _____

Any safety concerns for your camper participating in activities? _____

Challenging Situations

If your camper finds any of the following situations to be challenging, please provide details on how we can assist them to succeed:

Changing activities and/or locations _____

Staying with the group during activities _____

Respecting personal space/property of others _____

Focusing on a task/activity at hand _____

Behaviours

If your camper demonstrates any of the following behaviours, please explain contributing causes, prevention and successful intervention strategies used:

Fearfulness _____

Shyness _____

Easily frustrated _____

Difficulty controlling anger _____

Overly assertive/aggressive behaviour _____

Use of Inappropriate Language _____

Goals

List 3 goals for your camper in this program

1. _____

2. _____

3. _____

Other Relevant Information

Please describe any limitations that your camper may have which would affect their ability to participate in daily camp activities _____

Acknowledgement

By signing below, I acknowledge the information provided is accurate and complete to the best of my knowledge.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____