



**Dressing**

Dress/undresses independently     Needs partial assistance     Needs total assistance dressing/undressing  
Can put on:  Underwear     Socks     Shirt     Pants    Can:     Button     Snap     Zip     Tie shoes  
Comments: \_\_\_\_\_

**Sleep**

Sleeps through night:  Yes     No    If no, explain: \_\_\_\_\_  
Requires reposition during sleeping hours:  Yes     No    If yes, how often: \_\_\_\_\_  
Uses  C-Pap     Bi-Pap    Directions: \_\_\_\_\_  
How many hours does the camper sleep at night? \_\_\_\_\_  
Comments: \_\_\_\_\_

**Mealtimes**

Food likes: \_\_\_\_\_  
Food dislikes: \_\_\_\_\_  
Appetite:  Small     Average     Large/Excessive    Able to indicate portions on own:  Yes     No  
Diet:  Standard     Chopped     Pureed     Thickened liquids     Uses G-Tube \_\_\_\_\_  
 Eats independently     Needs food cut     Needs total assistance     May throw/grab items at table  
Uses:  Fork     Spoon     Knife     Special utensils (Please label and send to camp)  
Drinks:  Independently     Needs total assistance     Uses straw  
 Has difficulty with choking or swallowing \_\_\_\_\_  
Other dietary concerns? (Allergies, gluten free, diabetic, no meat, no caffeine, limit portions, etc.) \_\_\_\_\_

**Activities**

What are some of the applicant's favorite outdoor activities? \_\_\_\_\_  
What are some of the applicant's favorite indoor activities? \_\_\_\_\_  
Activities applicant does not like are: \_\_\_\_\_

Applicant has good fine motor skills     Applicant has poor fine motor skills     Needs hand-over-hand assistance  
 Applicant swims well     Applicant cannot swim, but will go into the water     Fears water/will not get into the water willingly

**Behavior Concerns**

Please indicate how often, if ever, the following behaviors occur and how staff should respond.  
*Please attach established behavior plans and fee free to add comments on the bottom of this form or on additional paper.*

**Behavior**

	<u>Never</u>	<u>Seldom</u>	<u>Often</u>	<u>Explain/Details</u>
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-Abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bites Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hits, Scratches, Pinches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses Inappropriate Words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inappropriate Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prefers to be alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runs away when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please explain all behavioral challenges, their frequency, and response/intervention of working with behaviors (*please include if more than one staff needs to be present when agitated*): \_\_\_\_\_

What typically triggers challenging behaviors? \_\_\_\_\_

What are two or three effective rewards? \_\_\_\_\_

Has the applicant ever been to camp before:  Yes     No    Is homesickness anticipated:  Yes     No    If yes, how can we assist with the transition? \_\_\_\_\_

Is the applicant a smoker?  Yes     No

Comments on smoking (who manages the cigarettes, is there a smoking schedule, used as a reward?) \_\_\_\_\_

**Additional Information** Please add any additional information that you feel would be helpful for the staff to know. Any suggestions that you may have for assisting with the applicant's transition into SOS Camp are appreciated!

**PARENT/GUARDIAN CONSENT/In Case of Medical Emergency**

**If your camper is ill, he/she will be treated according to written and approved doctor's treatment procedures Shetek Lutheran Ministries' Staff will notify the parent and/or caregiver if your camper requires any type of advanced medical care beyond the basic care provided by the camp health staff. Shetek Lutheran Ministries will also contact you if there is a discrepancy between the dosage instructions on the label of a camper's medication and instructions received at registration. I give my permission to the local physician to hospitalize, treat, order injections, anesthesia or perform surgery if need be.**

I hereby give my permission for \_\_\_\_\_ to attend Shetek SOS Camp. Permission is given to use photographs and names of my camper in camp promotions, including online. I agree to relieve Shetek Lutheran Ministries and all personnel from any liability in connection with this activity.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_