



Camper Name _____ **Age:** _____ **Sex: M or F**

Please provide as accurate and up-to-date information as is possible. This is critical in assuring the experience and quality of care a camper receives while at camp.

In the following sections, please check off any statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly giving examples. Attach additional information if necessary.

Mobility

- Walks/Runs Independently Needs Assistance Walking/Running Wears AFO's or Braces Uses Walker
- Uses Wheelchair: Power Manual Long Distance only Independently Some Assistance Total Assistance

Mobility Comments: _____

Transfer Information

- N/A Independent Standby Assistance Pivot (1 person) 2 Person Transfer

Comments: _____

Activity Level

- Has typical attention for his/her age [or] Has a short attention span/is easily distracted
- Is under active (needs motivation to participate) [or] Is overactive (needs help calming to participate)

Please describe how you manage his/her activity level, encourage him/her to participate, etc. _____

Does the camper:

- Stay with a group [or] Have a tendency to wander.

If wanders, what are effective ways to redirect attention? _____

Level of Supervision Required for Time at Camp (Please check only one)

- Can function independently and in a group with little supervision
- Generally can function in a group with supervision and 2-3 other; needs one-to-one supervision for some activities
- Benefits from one-to-one supervision throughout the day

Further explanation or comments: _____

Communication Skills

Able to communicate wants/needs verbally Yes No _____

Method of communication: Sign Language Gestures/Points Communication Device Writes Pictures/Word Cards

Understands: Complete sentences 2-3 Word Phrases Single Words Sign Language Pictures/Word Cards

Able to read: Yes Simple Sentences No _____

Uses a picture schedule: Yes No _____

Common sayings or gestures: _____

Communication explanation or comments: _____

Bathroom Use

- Uses toilet independently Needs reminders Uses Incontinent briefs

Needs some assistance: _____

Has toileting schedule. Explain Schedule: _____

Needs to be woken at night to use restroom. How often: _____

Has bowel program. Explain program: _____

Menstrual care: Independent Needs some assistance Needs total assistance

How does he/she communicate when they need to use the restroom? _____

Showering

- Showers Independently Needs verbal cues Needs total assistance showering

Needs assistance with: Shampooing Hair Washing Body Adjusting water temperature

Comments: _____

(Additional information to be completed on the back of this form)

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.

<u>Behavior</u>	<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:** _____