



# Hamilton Area YMCA

## *2012 S.K.O.R. Camper Profile*

The Hamilton Area YMCA is committed to maintaining a safe and healthy environment for all of the members of our S.K.O.R. Summer Day Camp. An accurate assessment of your child's current intellectual and social abilities will allow us to determine the proper placement and individual support in our summer camp program. All campers must have a Camper Profile completed and returned prior to attending camp.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:

1<sup>st</sup> - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please check all that apply.*

### ***Interests***

\_\_\_\_\_ Arts & Crafts      \_\_\_\_\_ Music      \_\_\_\_\_ Swimming      \_\_\_\_\_ Sports

Other: \_\_\_\_\_

Favorite type of music: \_\_\_\_\_ Favorite sports activity: \_\_\_\_\_

While at camp, camper is most looking forward to? \_\_\_\_\_

\_\_\_\_\_

### ***Activity Level***

*\*Check all that apply*

\_\_\_\_\_ Very active, at times impulsive

\_\_\_\_\_ Engages willingly in most activities with minimal supervision

\_\_\_\_\_ Requires occasional encouragement to complete activities

\_\_\_\_\_ Does not initiate activities, however participates with continual encouragement and/or supervision

\_\_\_\_\_ Wanders/Runs away if unattended

\_\_\_\_\_ Does not willingly participate in most activities

### ***Mobility***

\_\_\_\_\_ Walks independently      \_\_\_\_\_ Requires occasional assistance walking over uneven ground

\_\_\_\_\_ Please specify walking aid usage (cane, walker, braces etc.) \_\_\_\_\_



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## **Swimming Ability**

\_\_\_\_\_ Level 1: Non-Swimmer/Beginner: cannot move freely in water without an aid or floatation device

\_\_\_\_\_ Level 2: Able to swim 10 yards independently

\_\_\_\_\_ Level 3: Able to swim 20 – 25 yards independently

\_\_\_\_\_ Level 4: Able to swim 50 yards independently

Camper is more comfortable with:

\_\_\_\_\_ Baby pool (9in depth)    \_\_\_\_\_ Big Pool- shallow end (3ft depth)    \_\_\_\_\_ Big Pool – (5ft depth)

\_\_\_\_\_ Big Pool – Deep end (12ft depth) – must pass deep water test given by Pool Deck Supervisor

Camper is unable to swim but has no fear of the water: Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

## **Medical**

\_\_\_\_\_ Will child be taking medication during camp hours?

\_\_\_\_\_ Allergies/restrictions to medication: Specify \_\_\_\_\_

\_\_\_\_\_ Food Allergies: Specify \_\_\_\_\_

\_\_\_\_\_ Special Diet: Is a special diet required to prevent life-threatening food allergy or other medical condition: Yes \_\_\_\_\_ No \_\_\_\_\_ Specify \_\_\_\_\_

Vision:            Good \_\_\_\_\_    Fair \_\_\_\_\_    Wears Glasses \_\_\_\_\_            Legally Blind \_\_\_\_\_

Hearing:        Good \_\_\_\_\_    Fair \_\_\_\_\_    Poor \_\_\_\_\_            Hearing-Impaired \_\_\_\_\_

Seizure History: None \_\_\_\_\_    Yes \_\_\_\_\_            Seizure Type: Primary Generalized \_\_\_\_\_    Partial \_\_\_\_\_

If yes, are seizures under control? \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

\*Important, please describe child's behavior before, during, and after seizure: \_\_\_\_\_

Other Medical issues: \_\_\_\_\_



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## **Self Care Skills**

### **Toileting Skills**

- Uses toilet independently, fully trained       Requires verbal prompting  
 Currently on a toilet schedule (*please supply*)  
 Uses word or method to indicate need: Specify \_\_\_\_\_

### **Dressing**

- Independent, no assistance       Requires verbal prompting  
 Needs assistance with buttons, zippers, shoes

### **Dining Skills/Habits**

- Able to use utensils       Requires assistance opening packages/taking out  
 Has difficulty chewing       Known risks of choking: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Eats rapidly or "stuffs" food       May attempt to take food from others

Specify any special needs/instructions needed for lunch and/or snack time: \_\_\_\_\_  
 \_\_\_\_\_

## **Communication/Sensory**

- Uses Speech, full and/or short sentences       Clear, single words  
 Difficult to understand       Attempts word, unclear speech  
 Non-Verbal

### *If Non-Verbal:*

- Uses sign language       Uses gestures  
 Has communication board, device or pictures

Other: \_\_\_\_\_

Has sensitivity to: \_\_\_\_\_ Sound    \_\_\_\_\_ Touch      Other: \_\_\_\_\_

Responds negatively to: \_\_\_\_\_ Loud noises/sounds    \_\_\_\_\_ Textures    \_\_\_\_\_ Large groups

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## **Social/Behavioral Abilities**

\_\_\_\_\_ Participates and plays well with others      \_\_\_\_\_ Has some difficulty around other children  
 \_\_\_\_\_ Prefers limited contact with others      \_\_\_\_\_ Occasionally resents group activity  
 \_\_\_\_\_ Prefers solo activities, needs encouragement

Will camper engage in harmful behavior to others? Never \_\_\_\_\_ \*Rarely \_\_\_\_\_ \*Often \_\_\_\_\_

\*Explain \_\_\_\_\_  
 \_\_\_\_\_

Will camper destroy property? Never \_\_\_\_\_ \*Sometimes \_\_\_\_\_ \*Often \_\_\_\_\_

\*Explain \_\_\_\_\_  
 \_\_\_\_\_

Does camper have tantrums? Never \_\_\_\_\_ \*Rarely \_\_\_\_\_ \*Often \_\_\_\_\_

\*Explain \_\_\_\_\_  
 \_\_\_\_\_

Does camp have difficulties transitioning to new activity/place?

Never \_\_\_\_\_ \*Rarely \_\_\_\_\_ \*Often \_\_\_\_\_

\*Explain \_\_\_\_\_  
 \_\_\_\_\_

What precursors and/or circumstances cause the camper to become frustrated or exhibit negative behaviors? \_\_\_\_\_  
 \_\_\_\_\_

What are the **most** successful ways to manage the campers behaviors when s/he exhibits difficulties? \_\_\_\_\_  
 \_\_\_\_\_

What approaches are **not** advisable or counterproductive when responding to him/her? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

