Children's Specialized Hospital

Camper Profile/Screening

This form is very important to fill out completely and in detail. The more information we have about your child, the better we can create a positive and enjoyable experience for your child.

Name: _____ DOB/Age: ____ yrs old ___/___/____

Diagnosis: _____

What assistance or supervision does your child need to toilet?

None/Independent_____ Help with snaps/zippers/buttons_____ Help with wiping_____
Verbal Cues_____ Reminders_____
Other_____

Can your child direct their own self care in regards to toileting? Yes ____ No ____
Please explain: _____
_____

Does your child have accidents? Yes_____ No_____ Occasionally_____

What assistance or supervision does your child need to eat?

None/Independent_____ Opening food containers_____ Cutting up food_____
Other_____

Does your child safely manage food and liquids? Yes ____ No ____
(Examples: pacing, chewing, swallowing, gagging, etc.)
Please explain: _____
_____

How would you describe your child's attention span?
_____
_____
_____

Can your child be involved in an activity on their own (socially)? Yes ____ No ____
Please Explain:_____
_____

Does your child engage in sensitive topics/actions or topics/actions that are not age appropriate during social interactions with their peers? (Examples: sex, body image, inappropriate language, gestures, touching, flirting, etc.)

_____
_____
_____

Does your child wander/bolt/run away? Yes ____ No ____
Please Explain:_____
_____

How well does your child follow safety directions?
Please Explain:_____
_____

What assistance does your child require to follow directions successfully?

None/Independent_____ Verbal cues_____ Visual cues____
1 step directions_____ 2 step directions_____ 3 step directions_____
Minimal Assistance, describe_____
Moderate Assistance, describe_____
Maximum Assistance, describe_____
Other_____

Please list your child's strengths and interests:

_____
_____
_____
_____
_____
_____

Please list your child's difficulties and things he/she does not like:

_____
_____
_____
_____

What motivates your child?

- Can you suggest any items to put in a "bag of tricks" for your child?

_____
_____
_____
_____

What events/circumstances may agitate your child?
Please List:_____
_____
_____
_____

Are there sensory experiences that may agitate your child (loud noises, temperatures, textures, crowds)?
Please List:_____
_____
_____
_____

What is the most effective way to handle behavioral challenges with your child?
_____
_____
_____
_____

Does your child ever display aggressive behaviors? YES____ NO____

- If yes, what are they?
  _____
  _____
  _____

What else would you like the camp staff to know about your child to help make this a successful day camp experience?
_____
_____
_____
_____
_____
_____
_____
_____