



# Hamilton Area YMCA

## 2018 Integrated Camper Profile



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

Parent Phone: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

Parent Email: \_\_\_\_\_

The Hamilton Area YMCA is committed to maintaining a safe and healthy environment for all of the members of our Summer Day Camp. An accurate assessment of your child's current intellectual and social abilities will allow our support staff to educate and prepare the general counselors on your camper's specific needs. Please keep in mind that our integrated camp does not provide 1 on 1 assistance. A support staff person will be available to assist campers and counselors when needed. Returning campers must complete a camper profile each year.

*Please check all that apply.*

### **Interests**

\_\_\_\_\_ Arts & Crafts      \_\_\_\_\_ Music      \_\_\_\_\_ Sports      \_\_\_\_\_ Reading

\_\_\_\_\_ Swimming      \_\_\_\_\_ Nature      \_\_\_\_\_ Dance      \_\_\_\_\_ Singing

Favorite type of music: \_\_\_\_\_

Favorite sports activity: \_\_\_\_\_

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

\_\_\_\_\_

Has your camper attended other camps before?    \_\_\_\_\_ Day    \_\_\_\_\_ Overnight    \_\_\_\_\_ None

If applicable, please give a brief a description of your campers experience at other camps: \_\_\_\_\_

\_\_\_\_\_

### **Communication/ Perceptual Ability**

\_\_\_\_\_ Uses speech, full and/or short sentences      \_\_\_\_\_ Clear, single words

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

Please comment on your child's vision: Good \_\_\_\_\_ Wears Glasses \_\_\_\_\_ Legally Blind \_\_\_\_\_

Hearing:      Very Good \_\_\_\_\_      Good \_\_\_\_\_      Poor \_\_\_\_\_

Fine Motor Coordination:    Good \_\_\_\_\_    Fair \_\_\_\_\_    Gross Motor Coordination: Good \_\_\_\_\_    Fair \_\_\_\_\_



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## Activity Level

\*Check all that apply

- ☐ Very active, at times impulsive
- ☐ Usually restless, hyperactive
- ☐ Initiates activities, shares interests with others
- ☐ Engages willingly in most activities with minimal supervision
- ☐ Requires occasional encouragement to complete activities
- ☐ Engages in and completes activities of personal interest only
- ☐ Wanders/Runs away if unattended
- ☐ Does not willingly participate in most activities

Is Camper aware of his/her disability and/or limitations? ☐ Yes ☐ No

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

Does camper react well to change in routine?: ☐ Yes ☐ No

If no, please explain reaction and the best way to redirect: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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



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## Self Care Skills

### Dressing

\_\_\_\_\_ Independent, no assistance      \_\_\_\_\_ Needs assistance with buttons, zippers, shoes

### Dining Skills/Habits

\_\_\_\_\_ Requires assistance opening packages/taking out food/drinks

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

Needs reminders for: \_\_\_\_\_ drinking water throughout the day

Applies sunscreen: \_\_\_\_\_ Independently    \_\_\_\_\_ Verbal prompts    \_\_\_\_\_ Needs assistance\*

\* If assistance is needed, parent must supply a written note allowing counselors to assist with applying sunscreen.

## 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: \_\_\_\_\_

Seizure History: \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ N/A

If yes, is seizure under control? \_\_\_\_\_

Frequency of seizures: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

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



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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

\_\_\_\_\_ Engages in harmful behavior to others: Never \_\_\_\_\_ \*Rarely \_\_\_\_\_ \*Often \_\_\_\_\_

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

\_\_\_\_\_ Destroys Property: Never \_\_\_\_\_ \*Sometimes \_\_\_\_\_ \*Often \_\_\_\_\_

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

Does camp have difficulties transitioning to new activity/place? Never \_\_\_\_\_ \*Rarely \_\_\_\_\_

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

What are the best strategies used to assist when transitioning? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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