



Hamilton Area YMCA

2020 Integrated Camper Profile



Camper's Name: _____ DOB: _____ Age: _____

Parent Phone: (1st) _____ (2nd) _____

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? _____



Additional Information (optional): _____

[illegible]