Hamilton Area YMCA
2018 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:

1st - Name: _____   Phone: _____

2nd - 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.) _____

Hamilton Area YMCA
2018 S.K.O.R. Camper Profile

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 and 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: _____

_____

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: _____

_____

_____

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 camp have difficulties transitioning to new activity/place?

Never_____ *Rarely _____ *Often _____

*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? ____

_____

_____

Hamilton Area YMCA
2018 S.K.O.R. Camper Profile

Additional Information (optional): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____