



Hamilton Area YMCA

2020 SKOR Camper Profile

The Hamilton Area YMCA is committed to maintaining a safe and healthy environment for all of the members of our SKOR 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 their pre camp meeting with the SKOR Camp Coordinator.**

Camper's Name: _____ DOB: _____ 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.) _____



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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 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 _____

Treat Restrictions: Are there any ice pops, ice cream, candy or other treats they cannot consume?

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 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? **Are there rewards in place?** _____

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