



**ASSISTIVE AIDS**

Requires any of the following assistive aids? (Please label camper's equipment)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walker                | <input type="checkbox"/> Manual wheelchair       | <input type="checkbox"/> Electric wheelchair |
| <input type="checkbox"/> Leg braces            | <input type="checkbox"/> Crutches                | <input type="checkbox"/> Assistive animal    |
| <input type="checkbox"/> Artificial limbs      | <input type="checkbox"/> Hand braces             | <input type="checkbox"/> Hearing aid         |
| <input type="checkbox"/> Glasses               | <input type="checkbox"/> Communication board     | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Eating equipment      | <input type="checkbox"/> Catherization equipment | <input type="checkbox"/> Ileostomy equipment |
| <input type="checkbox"/> Respiratory equipment |  |  |

Please describe procedures

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Please describe wearing schedule

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Please describe how to apply equipment

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**DEVELOPMENTAL CHALLENGES (Please check all that apply)**

- |  |                                     |  |                                 |
|--|-------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Mental Retardation    | <input type="checkbox"/> Mild       | <input type="checkbox"/> Moderate                      | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Mild       | <input type="checkbox"/> Moderate                      | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Behavioral Challenges | <input type="checkbox"/> Mild       | <input type="checkbox"/> Moderate                      | <input type="checkbox"/> Severe |
| Please List                                    | <input type="checkbox"/> AD/HD      | <input type="checkbox"/> Oppositional Defiant Disorder |                                 |
|  | <input type="checkbox"/> Depression | <input type="checkbox"/> OCD                           |                                 |
|  | <input type="checkbox"/> Other      | <hr/>  |                                 |

History of physical, mental, or sexual abuse

Down Syndrome

Learning Disabilities: Type 

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Other 

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Specifically describe your child's challenges and needs

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**HEARING**

- |   |   |
|---|---|
| <input type="checkbox"/> "Normal" Hearing | <input type="checkbox"/> Functional Hearing |
| <input type="checkbox"/> Hard of Hearing  | <input type="checkbox"/> Deaf               |

Specifically describe your child's challenges & needs: 

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**VISION**

\_\_\_\_\_ "Normal" Vision

\_\_\_\_\_ Functional Vision

\_\_\_\_\_ Legally Blind

\_\_\_\_\_ Blind

Specifically describe your child's challenges & needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION**

\_\_\_\_\_ Uses speech

\_\_\_\_\_ Understands speech

\_\_\_\_\_ Uses Sign Language

\_\_\_\_\_ Understands Sign Language

\_\_\_\_\_ Uses Adaptive Communication Device Type (Circle: Uses Pictures or communication devise)

What is the best way to communicate with the camper: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIFIC BEHAVIOR (Please check all that apply)**

Please check any behaviors that your child may exhibit and then describe them in the space provided. Please feel free to use the back of this page if necessary.

\_\_\_\_\_ Aggressions toward people/animals

\_\_\_\_\_ Angry outbursts

\_\_\_\_\_ Aggression towards objects

\_\_\_\_\_ Self-injury

\_\_\_\_\_ Hyperactive

\_\_\_\_\_ Manipulation of others

\_\_\_\_\_ Non-compliant

\_\_\_\_\_ Swearing

\_\_\_\_\_ Poor peer relations

\_\_\_\_\_ Withdrawing

\_\_\_\_\_ Inappropriate sexual behavior

\_\_\_\_\_ Hypersensitive (Circle: Hearing, Touch, Smell)

\_\_\_\_\_ Other

Explain checked behaviors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the most effective ways of dealing with the camper's behavioral challenges? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does camper have specific behavioral procedures, behavior plans or reinforcement program, followed at home, school, or day program? Yes \_\_\_ No \_\_\_ If yes, please describe (use additional pages if necessary or attach a copy of behavioral plan) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the camper's preferred activities and reinforcers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

