Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SKILLS CHECK SHEET**To be completed **annually** by primary caregiver and submitted with registration.
Please print legibly!

Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
|  **Mobility –** please check all that apply Staffing Preference |
| AmbulatoryAmbulatory with assistanceType of assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Uses WheelchairManual Power Can propel self? Y/NComments:  | Transfer AssistanceIndependent1-person pivot2-personHoyer Lift (must bring to camp) | Camper works best with the following staff:  Male Female No preferencePlease note that we will try to pair your camper based on your preference. \*Female campers will never be placed in male-staffed cabin, regardless of preference.The personality type my camper responds to best is:  |
|  **Activities Of Daily Living/ Personal Care** – please check all that apply |
|  | Independent | Verbal Prompts | Hand over Hand | Total Assistance | Description of assistance needed |
| **Dressing** |  |  |  |  |  |
| Tie Shoes |  |  |  |  |  |
| Button/Zipper |  |  |  |  |  |
| **Showering** |  |  |  |  |  |
| Shampoos Hair |  |  |  |  |  |
| **Teeth** |  |  |  |  |  |
| **Toileting** | Independent with toileting needs; no concerns | Needs reminders to use the toilet regularly | Needs assistance wiping after toileting |
| Aids used | DependsWhen worn?  | Bedpan /Urinal | Toilet Chair | Other |
| Bladder Control | Continent | Occasional Accidents | Incontinent | Catheter & Type: |
| Bowel Control | Continent | Occasional Accidents | Incontinent | Bowel Program: |
| **Eating** | Independent with meals; no concerns | Needs prompting to eat | Needs to be fed |
| Utensils | Uses conventional utensils | Uses Adaptive Utensils (must bring) | Finger Foods only |
| Dietary Needs | Food cut into bite size pieces (1/2” or smaller) | Mechanically chopped diet only (finely chopped) | Pureed diet only |
|  | Gluten Free Diet | Casein Free Diet | G-tube (please complete g-tube form) |
| \*For those campers on a Gluten/Casein Free or other restrictive diet, please plan to bring supplemental foods to last throughout the week. Please contact us with any questions regarding your diet. |
| Other Dietary Restrictions |  |
| Food Allergies | (Please list, along with reaction):  |
| **Communication** - please check all that apply (Please bring any equipment needed for successful communication) |
|  Verbal; can be clearly understood Verbal; is difficult to understand Non-VerbalExpressiveCommunication:ReceptiveCommunication: Limited verbal vocabulary Uses gestures  Uses Sign Language  Uses communication device:  |  Can easily understand & follow verbal directions Understands Sign Language Needs time to process & act upon instructions Needs reminders and cues Cannot process/does not follow directions  Other means of communication:  |
| **Behavioral Information** – please check all that apply |
| Has a behavioral support plan (please attach a copy) |
| History of:Verbal AggressionPhysical Aggression toward othersBitingHittingKickingOther: Wandering/Running away from group | Self-Injurious behaviorsPicking/ScratchingHead BangingPICA (please explain)BitingOther behaviors to be noted: No behavioral issues |
| Please list any behaviors we may see at camp: How often do behaviors occur?Triggers/Antecedent (what causes these behaviors?):Redirection techniques: \*Please use another sheet if necessary to fully explain behavioral information.  |
| **Night Time Routine** – please check all that apply. Please note that Camp Greentop does not provide awake overnight staffing |
| No concerns; sleeps through nightWakes to toilet independentlyWakes to toilet with assistanceComments:  | Wanders at nightWakes early; please note time:Requires medications to help sleep | Requires bedrailsRequires adjustment/repositioning at night; please describe: |
| **Activities and Interests** |
| Swimming | Swimming LevelNon-swimmer/beginnerIntermediateAdvanced | Swimming Comments:If your camper wears depends throughout the day, a swim diaper/depends cover is **required**. |
| Favorite Activities:  | Least Favorite Activities:  |
| **Additional Information** |
| Please list any specialized health procedures, not including routine medications:  |
| Please provide any additional information that will assist us in caring for this camper:  |
| Name of person completing form: | Contact Number: | Relationship to camper: |