



# 2019 Campers with Special Needs Profile

**Camper Name:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_ **Week Attending:** \_\_\_\_\_

*Campers must be high functioning, including: Ambulatory and Continent (bowel and bladder trained)*

Due to the camp's mountainous terrain and many stairs, good walking skills are essential and may be a safety issue. Additionally, our staff members, while dedicated and loving to campers, are not professional care providers and therefore cannot provide care for campers with continence problems. *Please keep in mind that our camp operates on a 5:1 camper to staff ratio.*

1. Can the camper hike up and down hills without physical assistance?    Yes    No

If no, please describe amount and type of assistance needed: \_\_\_\_\_

2. Does the camper have any continence problems?    Yes    No

If yes, if the camper is supplied with the proper provisions, can they care for themselves in this regard?    Yes    No

3. Does the camper wet the bed?    Yes    No    If yes, how often? \_\_\_\_\_

4. Does the camper sleepwalk?    Yes    No

If yes, please indicate the frequency of this behavior, and briefly describe it: \_\_\_\_\_

5. Can the camper use a top bunk?    Yes    No    If no, why not? \_\_\_\_\_

6. Does the camper have any difficulties with speech?    Yes    No

If yes, please describe method of communication: \_\_\_\_\_

7. Is the camper able to socialize appropriately with others without direct supervision?    Yes    No

If no, please explain: \_\_\_\_\_

8. Is the camper sexually stimulated by ordinary things/actions of which counselors should be aware (i.e. touching women's hair, etc.)?

Yes    No    If yes, please explain: \_\_\_\_\_

9.	Wandering	No	Yes	Suggestions:
	Resistiveness	No	Yes	Suggestions:
	Sexual aggression	No	Yes	Suggestions:
	Striking at others	No	Yes	Suggestions:
	Public masturbation	No	Yes	Suggestions:
	Hypochondria	No	Yes	Suggestions:
	Yelling	No	Yes	Suggestions:
	Public disrobing	No	Yes	Suggestions:
	Faking illness or injury	No	Yes	Suggestions:
	Stealing	No	Yes	Suggestions:
	Property destruction	No	Yes	Suggestions:

10. Please indicate the camper's ability to complete the following skills. Circle the answer that best describes the ability of the camper. It is extremely important to be honest about the camper's skill level. This is the only means we have available to best assure proper hygiene and safety for the camper. All information is kept confidential.

	<i>OK for camp</i>	<i>OK for camp</i>	<i>May be OK for camp</i>	<i>Not able to attend</i>
<b>Dressing</b>	Independent	Verbal Prompts	Physical Assistance	Resistive
<b>Shaving</b>	Independent	Verbal Prompts	Physical Assistance	Resistive
<b>Brushing Teeth</b>	Independent	Verbal Prompts	Physical Assistance	Resistive
<b>Showering</b>	Independent	Verbal Prompts	Physical Assistance	Resistive
<b>Toileting</b>	Independent	Verbal Prompts	Physical Assistance	Resistive

