

Camper Information – New Campers
(Required for Attendance)

Camper Name: _____

Camper’s school classroom/program ratio: _____

Please complete each section and return with the registration form. Please provide as much detail as possible to help ensure a successful summer for the camper.

Assistance with Daily Living Skills	No Assistance Needed	Verbal Prompts	Physical Assistance Needed	If verbal prompts or physical assistance is checked, please provide more details:
Can feed self with fingers				
Can feed self with fork or spoon				
Can drink from cup or straw				
Can clean up after lunch				
Can identify his/her belongings				
Can undress him/herself				
Can dress him/herself				
Identifies the need to use the toilet				
Can toilet self				
Uses toilet paper appropriately				
Washes hands after toileting				
Females only Takes care of menstrual needs				

Camper Name: _____

Communication Skills	Most of the Time	Occasionally	Almost Never	Comments/helpful tips for use
Communicates basic wants and needs				
Uses/understands words and sentences to communicate				
Uses/understands gestures to communicate				
Uses/understands Sign Language to communicate				
Responds appropriately to "yes" and "no" questions				
Follows simple directions				
Follows multi-step directions				
Please use this space for any additional comments:				
Social and Behaviors	Most of the Time	Occasionally	Almost Never	Comments/helpful tips for use
Can he/she manage anger or frustration without harm to self or others?				
Does he/she hit others or self?				
Does he/she bite others or self?				
Does he/she kick others?				
Does he/she make threats to others?				
Does he/she temper tantrum?				
Does he/she throw objects/property destruction?				
Does he/she wander away or run off?				
Does he/she eat non-edible items?				
Please use this space for any additional comments:				

Uses of Adaptive Equipment **	Check Box if used at home or school	Will item come to camp	Please describe use
Wheelchair - Motorized			
Wheelchair - Manual			
Walker/Crutches/Cane			
Helmet			
Eyeglasses			
Hearing Aids			
Corrective Shoes/Orthotics			
Augmentative Communication Device			
Any Additional Equipment Not Listed Above			

** For all campers over the age of 21 a prescription is required for assistive devices. If the camper participates in another Arc of Essex County service we will obtain that prescription from the program.

Describe any fears of which staff should be aware: _____

Describe the camper's favorite activities: _____

Describe the camper's activities outside of the home (sports, camps, Special Olympics, etc.): _____

Describe the campers experience with swimming or swimming ability: _____

Goals for the camper this season: _____
