



WILLOWGROVE DAY CAMP
Inclusion Program
SPECIAL NEEDS CAMPER PROFILE - SUMMER 2015

CAMPER INFORMATION

CAMPER PHOTOGRAPH

First and Last Name:

Date of Birth:

Parent/Guardian contact number:

Camper Likes:

Camper Dislikes:

Please list any specific requests that you have in order to ensure a great summer:

SECTION TWO- SOCIAL SKILLS & INTERACTION

Please comment on your child's social skills and ability to make friends, awareness of personal space, behavioural issues and conflict resolution strategies: _____

Communication Level (Expressive, receptive, etc): _____

Gross Motor (Mobility, balance, etc): _____

Does your child have any physical limitations? Yes _____ No _____

If yes, please describe: _____

Please list specific food/eating instructions: _____

Is your child able to use the toilet completely independently? Yes _____ No _____

If no, please list suggestions that would be helpful: _____

Attention Span (Frequency of redirection required, engagement in activities, etc): _____

Please list any behavioural concerns (Aggressive, passive, etc): _____

What are some behaviour strategies that you use at home/school that would be helpful at camp? _____

Please list any goals that you and your child have for this summer at camp: _____

Other information that would be helpful in providing your child with a positive camp experience: _____

SECTION THREE: CAMP EXPERIENCE

Does your child have previous camp experience? _____

Does your child need downtime/free periods? Yes _____ No _____

If yes, please explain their needs/wants during downtime.

Favourite camp activities? _____

Can your child swim? What is their comfort level in water? _____

OVERNIGHT INFORMATION

Only applicable if your child is 8 years or older

Does your child plan on staying for overnights? Yes _____ No _____

If yes, please answer the following:

Has your child ever spent the night away from home in a camp setting? _____

Please explain overnight behaviours and bed time routine:

Other concerns (Example: bed wetting, sleep walking, trouble getting to sleep, etc): _____

