

CAMPER PROFILE AND DAILY LIVING SKILLS

Our camp staffs work in covenant with you the parents/guardians of the children and youth attending camp. The more information you supply about your child, the better the staff can prepare for their presence in camp. This information is treated as confidential and is shared only among those working with the specific camp your child has registered for. Thank you for understanding and partnering. Please check all that apply:

Social Abilities

- Participates and plays well with others
- Has some difficulty around other children
- Prefers limited contact with others
- Occasionally resents group activity
- Does not get along with others
- Prefers solo activities
- Shy, withdrawn
- Needs extra encouragement to participate
- Follows instructions well
- Participates well in group activity
- Is independent and does not need an adult standing over his/her shoulder

Engages in harmful behavior to others:

- Never; Rarely*; Often*

*Please explain: _____

Engages in harmful behavior to self:

- Never; Rarely*; Often*

*Please explain: _____

Engages in tantrums:

- Never; Rarely*; Often*

*Please explain: _____

Has your child have trouble with depression:

- Never; Rarely*; Often*

*Please explain: _____

What is your child's understanding/acceptance of their limitations: Full; Partial

Need for Attention

- Satisfied with reasonable amount
- Requires more than an average amount
- Requires a high amount

Sleeping Habits and Routines

- Has difficulty sleeping at night: Rarely; Sometimes; Always
- Gets out of bed during the night: Rarely; Sometime; Always
- Wets the bed at night: Rarely; Sometime; Always
- If difficulty sleeping usual intervention is: _____

Has your child/youth been away from home over night: Yes*; No
*If yes, please explain what context and how they did:

Meals and Eating Habits:

We provide three meals and one snack a day. Children used to open access to food whenever they are hungry may feel as if there is not enough food being served.

- My child eats only at meal times: Yes; No
- My child eats throughout the day: Yes; No
- My child is a light eater: Yes; No
- My child is a heavy eater: Yes; No
- My child is used to more than one snack a day: Yes; No
- Does your child have trouble with any eating disorder:

Physical Abilities

- Swimming:
 Beginner; Intermediate; Advanced
- Horseback Riding:
 Beginner; Intermediate; Advanced
- Rock Climbing:
 Beginner; Intermediate; Advanced
- Archery:
 Beginner; Intermediate; Advanced
- Mountain Biking (Jr. High & Sr. High):
 Beginner; Intermediate; Advanced
- Canoeing:
 Beginner; Intermediate; Advanced

What do you hope for your child by attending camp? _____

Describe your child's strength and abilities (social skills, behaviors, etc) _____

Describe your child's challenges (social skills, behaviors, speech/language, activities, etc) _____

Does your child have an IEP or behavior plan in school, if so does it contain any information we need to know (please share on back of this page):