

Skills Checklist

(Please complete front AND back)

Camper Name:

<p>This form is used by camp staff to determine level of <u>supervision and assistance</u> required at camp. Please be as <u>thorough and specific</u> as possible to ensure the health and safety of the camper.</p>			
Name of person completing form		Relationship to camper	
Please check level of overall assistance camper requires while at camp.	Significant →	Minimal →	Only with certain activities →

<h2 style="margin: 0;">Self-Help Skills</h2> <p style="margin: 0; font-size: small;">Please place a checkmark in the appropriate column to describe the camper's ability in these areas.</p> <p style="margin: 0; font-size: small;">Key — IND: Independent VP: Verbal Prompting HH: Hand-Over-Hand Total: Total Assistance</p>											
					Does Camper have dining guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit with application.</i>						
Activities of Daily Living	IND	VP	HH	TOTAL	Meal Instructions	IND	VP	HH	TOTAL		
1. Uses the toilet appropriately					1. Uses fork						
2. Asks to go to the toilet					2. Uses spoon						
3. Washes hands and face					3. Uses knife for cutting						
4. Brushes teeth					4. Needs assistance cutting food						
5. Maintains body cleanliness					5. Drinks from glass						
6. Takes a shower					Food Consistency <i>(Note: This will be filled out by The Arc staff from the camper's Camp Harkness Medical Form)</i>						
7. Shampoos hair					Liquid Consistency (Please check one)						
8. Can apply, change and dispose of sanitary napkin					Thin → <input type="checkbox"/>	Nectar* → <input type="checkbox"/>	Honey* → <input type="checkbox"/>	pudding* → <input type="checkbox"/>			
9. Dresses self					*Camper MUST bring own Thick-It® (4 little cans or 1 big can)						
10. Can discriminate clean and dirty clothing					Other Needs <i>Please place a checkmark to indicate any difficulties related to the following areas.</i>						
11. Ties shoes					Sleepwalking → <input type="checkbox"/>	Incontinence → <input type="checkbox"/>	Bolting → <input type="checkbox"/>				
12. Can button and zipper					Nightmares → <input type="checkbox"/>	Wandering → <input type="checkbox"/>	Other Needs → <input type="checkbox"/>				
<h2 style="margin: 0;">Sleeping Pattern</h2> <p style="margin: 0; font-size: small;">*Campers MUST sleep from 10 pm – 7 am. WE DO NOT PROVIDE AWAKE STAFF</p>											
1a. Camper's usual bedtime →					1b. Camper's usual wake time →						
2. Will this camper sleep through the night? →					YES	NO	3. Incontinent at night? →			YES	NO

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(Please complete front AND back)

Camper Name:

Cabin Requests <i>(optional...not all requests will be granted)</i>	
Please try to put these campers in the same cabin with this camper:	
Please try to put these campers in a different cabin from this camper:	

Adaptive Equipment					
<i>Please check off any required special equipment used by camper. Camper should bring ALL necessary equipment to camp. (Shower chair/bench and bedrails are provided.)</i>					
Wheelchair →		Braces →		Hearing Aid →	Bedrails <i>(need doctor's order)</i> →
Walker →		Special Shoes →		Glasses →	Bedrail Pads <i>(must bring own)</i> →
Cane →		C-Pap Machine at Night →		Dishes →	Other (Specify) →
Crutches →		Briefs (size____) →		Utensils →	
Comments regarding checked items <i>(please include any assistive technology including computers, talkers, picture books, etc.):</i>					
Please note: If checked items in the above section include bedrails and/or pads , they MUST appear in the adaptive equipment section on the front side of the physical form .					

Mobility						
Does Camper have mobility guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit with application.</i>						
Can the camper walk? <i>(Please circle answer)</i>				Does the camper require lifting? <i>(Please circle answer)</i>		
	Independent	Yes	No	Stand and Pivot	Yes	No
	Physical Assistance needed	Yes	No	Two Person Lift	Yes	No
				Three Person Lift	Yes	No
Comments:						

Please provide any other information pertinent to the overall assistance provided to the camper during the duration of the session. Please list any special hobbies and interests as well.