ALL ABOUT ME

DAY PROGRAMS AND CAMPS (INCLUSION PROGRAMS)

A. PARTICIPANT INFORMATION

FIRST NAME	LAST NAME	GENDER	AGE

NAME OF PARENT/GUARDIAN (if participant is under 18 years of age)		PRIMARY PHONE #
PRIMARY LANGUAGE SPOKEN AT HOME	EMAIL ADDRESS	SECONDARY PHONE #

EMERGENCY CONTACT NAME	PRIMARY PHONE #
RELATIONSHIP	SECONDARY PHONE #

SCHOOL NAME	
SCHOOL CONTACT NAME	CONTACT #

B. SENSORY AND BEHAVIOURS

1. Things that will ***upset*** the participant:

☐ Being Touched ☐ Crowds ☐ Humming Sounds ☐ Screaming
☐ Bright Lights ☐ Crying ☐ Loud Noises ☐ Singing
☐ Clapping ☐ Holding Hands ☐ Odors ☐ Whistles
☐ Other(s): ______________________________

2. Things that will ***calm*** the participant:

☐ Bean Bag Chairs ☐ Headphones ☐ Rocking ☐ Weighted Objects
☐ Deep Pressure ☐ Movement ☐ Small, Quiet Spaces
☐ Fidget Toys ☐ Music
☐ Other(s): ______________________________

3. Behaviours (please identify all that apply):

☐ Attention Seeking ☐ Physical Aggressive towards others ☐ Self- stimulation
☐ Hyperactive ☐ Self-Injures
☐ Non-compliant ☐ Profane Language ☐ Temper Tantrums
☐ Other(s): ______________________________

4. Frequency of the behaviours listed:

☐ 5 or more times per day ☐ 3-5 times per week
☐ 3-5 time per day ☐ 1-2 times per week
☐ 1-2 times per day ☐ Less than once per week

Please share any other information on behaviours and effective suggestions to deal with the behaviour:

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C. TOILETING AND FEEDING

1. Identify areas where ***toileting*** assistance will be required:

- ☐ Independent
- ☐ Independent on request with prompting
- ☐ Menstruates
- ☐ Needs Assistance
- ☐ Requires Assistance with feminine hygiene practices
- ☐ Wears diaper or brief

Comments: ______________________________

2. Identify areas where ***feeding and/or eating*** assistance will be required:

- ☐ Minimal Assistance
- ☐ Medium Assistance
- ☐ Full Assistance
- ☐ Feeding Tube
- ☐ Choking Concerns

Foods to Avoid: ______________________________

Water Intake: ______________________________

Comments: ______________________________

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D. MEDICATION AND HEALTH CONCERNS

*Please Note: A completed **Anaphylactic Emergency Plan Form**, **Participant Allergy Form**, and **Medication Consent Form** must be signed by the parent/guardian before Program Staff is able to assist in medication distribution. Medication must be handed to Program Staff at sign-in.*

1. Does the participant have medication to take during the day? ☐ Yes ☐ No

2. Has the participant ever had a seizure? ☐ Yes ☐ No
   - If ***yes***, is this a common occurrence? ☐ Yes ☐ No

What type(s) of seizures: ______________________________

What are the warning signs? ______________________________

If the participant has a seizure, what is the preferred action? ______________________________

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3. Does the participant have allergies? ☐ Yes ☐ No
   - If ***yes***, do they carry an Epi-Pen? ☐ Yes ☐ No

Please indicate any non-life threatening allergies: ______________________________

Please indicate any life threatening allergies:

- Peanuts ☐ Yes ☐ No
- Bee Stings ☐ Yes ☐ No
- Other: ______________________________ ☐ Yes ☐ No

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MEDICATION AND HEALTH CONCERNS CONTINUED…

4. Does the participant have asthma? ☐ Yes ☐ No
   - If ***yes***, do they carry an inhaler/ventilator? ☐ Yes ☐ No

5. Does the participant require any medical/health devices? ☐ Yes ☐ No

☐ Eye Glasses ☐ Orthotics ☐ Wheelchair
☐ Hearing Aids ☐ Walker

E. PARTICIPATION AND SWIMMING

1. Does the participant have allergies?
   - ______________________________
   - ______________________________
   - ______________________________

How long can the participant stay focused on an activity? ______________________________

Do they get distracted easily? ☐ Yes ☐ No

If yes, some strategies to refocus are: ______________________________

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2. Does the participant enjoy swimming? ☐ Yes ☐ No

If yes, identify if Program Staff need to be aware of any of the following:

☐ Adverse reaction to temperature changes
☐ Can swim in the deep end in the pool
☐ Must keep their glasses or sunglasses on in the pool
☐ Needs assistance to get in the pool physically
☐ Needs assistance to get out of the pool physically
☐ Participant in swim test if required
☐ Requires a life jacket in the pool
☐ Requires goggles in the pool
☐ Wears earplugs in the pool
☐ Wears Swim Diaper in the pool
☐ Wears water shoes while in the pool

Additional swimming comments and swimming ability notes: ______________________________

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F. MOBILITY

Please describe the participant's gross, fine, and oral motor development: ______________________________________

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____

G. COMMUNICATION

1. The participant will understand Program Staff better if they:
   - ☐ Get their attention
   - ☐ Repeat instructions and directions
   - ☐ Speak ASL
   - ☐ Speak slowly and clearly
   - ☐ Use "First" and "Then"
   - ☐ Use eye contact
   - ☐ Use gestures
   - ☐ Use visuals
   - ☐ Other(s): ____

   What communication tools are used at home/school (e.g. iPad. PEC cards, etc.)? ____________________

   ____

   ____

   ____

   Will these communication devices be brought to the program? ☐ Yes ☐ No

H. SCHOOL SETTING

1. Identify any school setting that the participant participates in:
   - ☐ Regular classroom with indirect service
   - ☐ Regular classroom with resource assistance
   - ☐ Regular classroom with withdrawal assistance
   - ☐ Partially integrates (community class or student support services)
   - ☐ Fully self-contained with special education class
   - ☐ Virtual classroom

   Comments: ____

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2. Is there a safety plan in place? ☐ Yes ☐ No
   - If ***yes***, can a copy be provided to Program Staff? ☐ Yes ☐ No

3. Does the participant have an Individual Education Plan (IEP)? ☐ Yes ☐ No
   - If ***yes***, can a copy be provided to Program Staff? ☐ Yes ☐ No

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I. GOALS AND EXPECTATIONS

Please list three (3) key individual skills or areas of development. For each, please identify current methods of practice or strategies to meet success and desired outcomes.

1. Skill or Area of Development: ____________________
   Current method: ____________________
   ____
   ____
   ____

2. Skill or Area of Development: ____________________
   Current method: ____________________
   ____
   ____
   ____

3. Skill or Area of Development: ____________________
   Current method: ____________________
   ____
   ____
   ____

Thank you for taking the time to complete this package. The information you have given will assist us in providing a successful camp experience.

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Date revised: 2022-06-23