

CAMP DIXIE, INC.
SPECIAL NEEDS CAMPER - ASSESSMENT FORM

(All information is confidential and viewed only by those involved in the assessment process)

Please keep in mind that these questions are used to help make your child's experience at camp enjoyable and to assist the staff in providing the best care possible. Please do not feel that answering these questions openly and honestly will disqualify your child from attending camp. The staff at Camp Dixie work very hard to provide every child the opportunity of attending camp, providing specific camp staff to work on reviewing each child's forms creating individualized camp plans and when needed providing personal one-on-one staff. In the rare situation that after reviewing all camp forms and speaking with parent/teachers, the staff at Camp Dixie feel that we are not able to meet your child's needs at this time we will personal call you and discuss it with you.

Name of camper _____		
Address _____		
City _____	State _____	Zip _____
Camper Date of Birth ___/___/___ Grade completed _____		
Is there a need for financial assistance in order for your child to attend summer camp? ___Yes___No		
Name of Parent or guardian _____		
Address (if different from camper) _____		
City _____	State _____	Zip _____
Home Phone _____		
Work or Cell Phone _____		
Email _____		
Address _____		

Please describe your child's special needs; including any and all medical and/or psychological diagnosis.

Considering your child's special needs, do you feel your child will face any limitations or difficulties while attending camp (Please considered all camp activities, social interaction, rule following, schedules, classes, etc.)

Does your child take any medication related to his/her special needs and are there any side effects?

Does your child have any allergies? _____

Does your child have any past history of seizures, if yes how long since last seizure?

Does your child have an IEP or 504 plan at school? Yes No (If yes, please attach copy.)

Please describe your child's class room setting (ie. Full inclusion, life skills classes, one-on-one assistance, percentage of time spent with non-disabled peers verses EC classes).

Does your child receive any one-on-one scheduled services that might continue at camp if needed?
 ___Yes ___No

Does your child receive any therapy services? If so, what needs are addressed by these therapies?
 ___Speech ___Occupational ___Physical ___Behavioral

Please describe any challenging or disruptive verbal, physical or social behaviors that your child exhibits either while at home, school or in the community, along with any instructions from parents or teachers on how to respond, redirect and/or discourage these behaviors.

Please check all that apply, provide details below:

Does your child:

- Function better on a strict schedule*
- Need to have a specific bed time ___ pm*
- Need to have specific meal times _____am/pm*
- Need to have regular snacks*
- Have any other dietary needs associate with their special needs(prefer only certain foods, monitored during meal time)*
- Have any sensory issues or fears (storms, bugs, crowds, water,etc)*
- Swim well (Beg, Inter, Advanced)*
- Struggle with competitive games*
- Struggle sitting still for longer than (10-15min) (20-30min) (45-60min)*
- Struggle with peer interaction*
- Struggle to communicate needs or feelings*
- Get along better with children older or younger than themselves*
- Struggle with following directions and respecting authority*
- Interact better with adults verses their peers*

Does your child need assistance, supervision or reminders for any personal care tasks (Bathing, brushing teeth, fixing hair, changing clothes, toileting)

Please list any adaptive equipment your child will need or be using during camp and if camp staff will need to learn how to use it. *(Please note that camp does have a shower chairs available in handicap accessible showers along with hand rails. Camp is also accessible by paved paths and ramps to all camp buildings and most camp activities, including the pool. However, the blob and water slide would require manual lifting of camper up stairs to reach platforms).*

Please list any adaptation that the camp staff could implement to allow your child to participate in regular camp activities:

- Pool _____
- Waterslide _____
- Canoes _____
- Blob _____
- Sports Activities _____
- Chapel Time _____
- Meal Time _____
- Other _____

Do you feel that your child will need an alternative schedule to better function during their week of camp. This could include an earlier bed time, nap, removal from certain activities, special breaks or alone time, or other suggestions.

Do you feel based upon your child's ability to function inclusively during camp that they would function best:

- Independently*
- with/ minimum supervision*
- with/physical assistance*
- with/ an one-on-one staff member*

We encourage you to allow a teacher, therapist or one-on-one worker look over these questions as well providing any feedback or suggestions that they may have.

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