

**CAMP DIXIE, INC.**  
**SPECIAL NEEDS CAMPER - ASSESSMENT FORM**

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

In order for us to determine our ability to serve your child in summer camp, we need this form filled out in detail. After reviewing it, a staff member will call you to discuss your needs with you. Feel free to use the back or attach additional important information.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 need. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What limitations would they face in attending summer camp? \_\_\_\_\_  
 \_\_\_\_\_

Does your child take any medication related to his or her special need?  Yes  No (If yes, what medication is taken and for what reason? Are there any side effects?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any allergies?  Yes  No (If yes, please list them.) \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any past history of seizures?  Yes  No (If yes, how long has it been since the last seizure?) \_\_\_\_\_

Does your child have an IEP (Individual Education Plan) in school?  Yes  No (If yes, please attach a copy.)

*Special Needs Camper – Assessment Form*

Does your child receive CAP or CSS services?  Yes  No (If yes, please list what kind of services your child receives and attach your child's goal plan.) \_\_\_\_\_

What kind of therapy services does your child receive? ( i.e. Speech, Occupational, Physical, Behavioral) \_\_\_\_\_

Please list any challenging behaviors that your child may display and several possible responses or actions for our staff to use for each behavior. \_\_\_\_\_

Please describe a typical day's schedule for your child, and list anything that your child typically does or has during their day that would be important for our staff to try and work into their schedule while at camp (i.e. naps, snacks, bathroom visits, etc...) We understand that some children with special needs struggle with changes in their typical schedule, so if needed we will make small changes to their schedule at camp in order to help their time at camp be more enjoyable and comfortable for both child and staff. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child need assistance with any personal care tasks? (i.e. bathing, brushing teeth, fixing hair, changing clothes, eating, toileting, etc.) If so, please list which ones and how much assistance is needed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any adaptation that the camp staff could implement to allow your child to participate in regular camp activities. (i.e. using the pool, water slide, canoes, BLOB, sports activities, etc

Please list any other ideas that you as a parent or guardian or that of teacher or worker may have to make your child's stay at camp more pleasant and run smoother. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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