

CAMP SNOWBALL CAMPER INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR ALL CAMPERS.

Please type or print all information

IDENTIFYING INFORMATION

Camper's Full Name _____

Sex _____ Height _____ Weight _____ Date of Birth ____/____/____ Age _____

Have you previously attended Camp Snowball or Camp Sunrise? ____ Yes ____ No If yes, list dates of attendance: _____

CAMPER'S DISABILITY, DIAGNOSIS, AND PRESENT CONDITION

What is disability / diagnosis? _____

Cause and onset of disability:

____ at birth ____ illness (year: _____) ____ accident (year: _____)

Please fully describe the extent and degree of disability: _____

MOBILITY (please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Normal Walking | <input type="checkbox"/> Cane(s) | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Slow Walking | <input type="checkbox"/> Crutches | <input type="checkbox"/> Legs Bear Weight |
| <input type="checkbox"/> Unsteady Walking | <input type="checkbox"/> Wheelchair / manual | <input type="checkbox"/> Wheelchair / electric |
| <input type="checkbox"/> No Walking | <input type="checkbox"/> Cannot negotiate stairs | |

Does the camper need assistance walking: _____

MOTOR SKILLS (please check all that apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Throw a ball | <input type="checkbox"/> Do Arts and Crafts activities |
| <input type="checkbox"/> Catch | <input type="checkbox"/> Is able to cut with scissors |

COMMUNICATION (please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Normal Speech | <input type="checkbox"/> No Speech | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Impaired Speech | <input type="checkbox"/> Communication Board | <input type="checkbox"/> Hearing Aids |

SLEEPING ARRANGEMENTS

- | | | |
|---|---|--|
| <input type="checkbox"/> Sleeps through night | <input type="checkbox"/> Sleeps with side rails | <input type="checkbox"/> Prone to bad dreams |
| <input type="checkbox"/> Afternoon nap - <input type="checkbox"/> Never | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |
| <input type="checkbox"/> Wets bed - <input type="checkbox"/> Never | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |
| <input type="checkbox"/> Afraid of the dark | | |

EATING (please check all that apply)

- Eats independently
- Needs food cut up
- Needs to eat:
 - Chopped foods
 - Pureed foods
- Has trouble swallowing:
 - Solid foods
 - Liquids
- Needs help eating
- Uses straw for liquids

IS CAMPER DIABETIC? ____ yes ____ no If yes, specify diet restrictions

NOTE: Please send the necessary supplies for testing.

CAMPER PERSONAL CARE AND HYGIENE (please check all that apply)

	Independent	Needs Help	Total Care	Comments
Dressing	_____	_____	_____	_____
Showering	_____	_____	_____	_____
Washing hands and face	_____	_____	_____	_____
Brushing teeth	_____	_____	_____	_____
Shaving	_____	_____	_____	_____
Washing hair	_____	_____	_____	_____
Tying shoes	_____	_____	_____	_____
Using toilet	_____	_____	_____	_____
Menstruation	_____	_____	_____	_____

Other helpful information regarding personal care: _____

PERSONALITY AND BEHAVIORAL INFORMATION (please check all that apply) Detail any need-to-know information on a separate sheet of paper.

- Sociable
- Complains
- Self-Abusive
- Homesickness
- Friendly
- Sensitive
- Suicidal tendencies
- Plays with fire
- Cooperative
- Aggressive
- Temper outbursts
- Tends to wander
- Helpful
- Withdrawn
- Depressed

PROGRAM INFORMATION

What activities does the camper enjoy? _____

Should the camper avoid exertion due to heart or other health conditions? _____

Please list precautions to be taken during activities at camp: _____

CAMPER GOALS

Considering the camper's educational, social, and living skills accomplishments, please list four goals you would like our staff to continue working on with your camper while at Camp Snowball.