Program __________________________ Date _____________

Name of Participant (print) __________________________________________________________

Name of interviewer(s) (print) ______________________________________________________

Name of person(s) interviewed (print) ________________________________________________

Relationship to participant (if other than participant) ________________________________

WHAT KIND OF SUPPORT IS NEEDED?

- None, just be aware of
- Initial orientation to program, environment, schedule, etc. only
- One on One support to provide for ___________________________________________________________________________________
- Assistance with fine motor tasks (cutting)
- Assistance/adaptation with gross motor tasks (running, sports)
- Uses assistive device(s) (manual/power w/c, crutches, cane, prosthesis, cuff)
- Other ___________________________________________________________________________________________________________

Additional Comments: _________________________________________________________________________________________________

WHAT IS THE PARTICIPANT’S PRIMARY MEANS OF COMMUNICATION?

- Speaks and understood by others
- Speaks, but difficult to understand
- No means of verbal communication, uses _____________________________________________________________________________
- Sign language
- Communication board
- Other (eyes, gestures, etc.) ___________________________________________________________________________________________

Are personal services (feeding, toileting, changing clothes) needed?  □ Yes  □ No

If yes, describe ______________________________________________________________________________________________________

CHECK BEHAVIORS THAT ARE A CONCERN

- Withdrawn/shy  □ Easily discouraged  □ Frustration tolerance  □ Hyperactive  □ Physically harms self*
- Physically harms others* □ Short attention span  □ Runs away* □ Oppositional/defiant*  □ Manipulative  □ Steals
- Other __________________________________________________________________________________________

Describe best ways to manage behaviors checked above:
(Be specific): __________________________________________________________________________________________

*Behavior management is required. Behaviors may require individualized behavior strategies/plan.
List strong fears participant may have ______________________________________________________________
List activities participant particularly likes. _____________________________________________________________________________________
List activities participant particularly dislikes. ___________________________________________________________________________________
What are your expectations for this participant in this program? _________________________________________________________________

MEDICAL/DIETARY INFORMATION
Does participant take medications?  □ Yes  □ No
*If assistance is needed with medications, see and fill out /sign Medication Administration Form.
Medication side effects staff should be aware of: ________________________________________________________________________

Does the participant have seizures?  □ Yes  □ No
*If yes, describe type, (petit or grand mal) frequency, duration and warning signs ______________________________________________________
Desired seizure first aid procedures for this participant. ____________________________________________________________
First: Dial*911/Call Parent ________________________________________________
List dietary restrictions/allergies/other medical conditions staff should be aware of. _________________________________________

RESOURCES
Will anyone other than you be visiting the participant at camp?  □ Yes  □ No
*If yes, fill out and sign Allowed Persons Visitation Form
May we contact teacher/therapist or others providing services to participant?  □ Yes  □ No
*If yes, list contact information: __________________________________________________________________________________________
Best ways to motivate participant: ________________________________________________________________________________________

ANY OTHER INFORMATION OR SPECIAL PRECAUTIONS THAT WOULD BE BENEFICIAL TO STAFF
- Environmental accommodations (changes to site to provide improved access)
- Staffing accommodations: (changes to provide additional hands on assistance to participant)
- Communication accommodations: (changes to provide effective communication with staff and peers)
- Activity accommodations (changes to activities to increase participation with other children)
- Transportation accommodations: (request for lift equipped vehicle if needed)
- Other accommodations: _____________________________________________________________________________________________

All information on this form is confidential and will only be shared with staff.

Signature of Person Interviewed ________________________________________________ Date: __________________
Signature of Staff _____________________________________________________________ Date: __________________
Signature of Program Supervisor ________________________________________________ Date: __________________