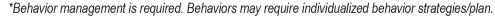


Individual Assessment

D	Dete
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 COMM	UNICATION?
☐ 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□ Withdrawn/shy □ Easily discouraged □ Frustration tolerance	☐ Hyperactive ☐ Physically harms self*
·	ositional/defiant*
□ Other	·
Describe best ways to manage behaviors checked above:	
(Be specific):	







Individual Assessment

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 Medications.	ation Administration Form.		
Medication side effects staff should be aware of:			
Does the participant have seizures?	ning signs		
Desired seizure first aid procedures for this participant.			
First: Dial*911/Call Parent			
List dietary restrictions/allergies/other medical conditions staff should be	pe aware or		
RESOURCES			
Will anyone other than you be visiting the participant at camp? ☐ Ye *If yes, fill out and sign Allowed Persons Visitation Form	s 🗖 No		
May we contact teacher/therapist or others providing services to partic	ipant? ☐ Yes ☐ No		
*If yes, list contact information:			
Best ways to motivate participant:			
ANY OTHER INFORMATION OR SPECIAL PRECA	UTIONS THAT WOULD BE BENEFIC	IAL TO STAFF	
■ Environmental accommodations (changes to site to provide improve			
■ Staffing accommodations: (changes to provide additional hands on	,		
■ Communication accommodations: (changes to provide effective cor	mmunication with staff and peers)		
■ Activity accommodations (changes to activities to increase participa	ition 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:	THE 4	