

Mission Valley YMCA / Toby Wells YMCA

Camp I CAN Participant Assessment Form

Please fill out in full detail. This information will be used to insure a positive successful camp experience. It will not be used to prohibit participation.

Child's Name _____

MEDICAL INFORMATION:

Diagnosis: _____ Age: _____ Height: _____ Weight: _____

Allergies: _____

Special Diet/Feeding Restrictions: _____

Medications: _____

Other medical concerns: _____

Shirt size: YOUTH: Medium ADULT: Small Medium Large X-Large XX-Large

BEHAVIOR INFORMATION: (Information will be used to place your child with the most appropriate staff. Please be very specific.)

Aggressive behavior: Yes No

If yes, please explain: _____

Behavior Plan: Yes No

If yes, please attach.

Sensory Diet/Plan: Yes No

If yes, please explain (please label your child's equipment) _____

Flight Risk: Yes No

SKILLS INFORMATION: I = Independent SA = Some Assistance TA = Total Assistance

(Circle one)

Explanation

Feeding: I SA TA _____

Toileting: I SA TA _____

Dressing: I SA TA _____

Swimming: I SA TA _____

COMMUNICATION INFORMATION:

Expressive: Verbal Verbal (limited) Non-verbal Sign Language
(Talking) PECS Augmentative Device _____

Other/Explanation: _____

Receptive: Follows simple directions: Yes No Verbal Written Gestural

(Understanding) Uses visual schedule: Yes No Written Picture Object

Other/Explanation: _____

SPECIAL INTERESTS/FAVORITE THINGS (please list):

Sports: _____ Toys: _____

Games: _____ Music: _____

Books: _____ Shopping: _____

Positive Reinforcers: _____

FEARS/DISLIKES: _____

Please tell us what your personal goals are for your child during this week of camp: _____

Parent Signature: _____ Date: _____

YMCA staff signature: _____ Date: _____