

Skills Checklist

For:

This form is used by camp staff to determine level of supervision and assistance required at camp. Please be as thorough and specific as possible to ensure the health and safety of the camper.

Name of Person Completing form

Relationship to Camper

Please check level of overall assistance camper requires while at camp.

☐

Significant

☐

Minimal

☐

Only with certain activities

Self Help Skills

Please select the appropriate response to describe the camper's ability in the following areas.

Uses the toilet appropriately

☐

Independent

☐

Verbal Prompt

☐

Hand over hand

☐

Total Assistance

Asks to go to the toilet

☐

Independent

☐

Verbal Prompt

☐

Hand over hand

☐

Total Assistance

Washes hands and face

☐

Independent

☐

Verbal Prompt

☐

Hand over hand

☐

Total Assistance

Brushes Teeth

☐

Independent

☐

Verbal Prompt

☐

Hand over hand

☐

Total Assistance

Maintains body cleanliness

☐

Independent

☐

Verbal Prompt

☐

Hand over hand

☐

Total Assistance

Takes a shower

☐

Independent

☐

Verbal Prompt

☐

Hand over hand

☐

Total Assistance

Shampoos hair

☐

Independent

☐

Verbal Prompt

☐

Hand over hand

☐

Total Assistance

Skills Checklist (continued)

For: _____

Can apply, change, and dispose of sanitary napkin

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="radio"/> Independent | <input type="radio"/> Hand over hand | <input type="radio"/> Not applicable |
| <input type="radio"/> Verbal Prompt | <input type="radio"/> Total Assistance | |

Dresses self

- | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Independent | <input type="radio"/> Verbal Prompt | <input type="radio"/> Hand over hand | <input type="radio"/> Total Assistance |
|-----------------------------------|-------------------------------------|--------------------------------------|--|

Can discriminate clean and dirty clothing

- | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Independent | <input type="radio"/> Verbal Prompt | <input type="radio"/> Hand over hand | <input type="radio"/> Total Assistance |
|-----------------------------------|-------------------------------------|--------------------------------------|--|

Ties Shoes

- | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Independent | <input type="radio"/> Verbal Prompt | <input type="radio"/> Hand over hand | <input type="radio"/> Total Assistance |
|-----------------------------------|-------------------------------------|--------------------------------------|--|

Can button and zipper

- | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Independent | <input type="radio"/> Verbal Prompt | <input type="radio"/> Hand over hand | <input type="radio"/> Total Assistance |
|-----------------------------------|-------------------------------------|--------------------------------------|--|

Sleeping Pattern

Camper's must sleep from 10pm to 7am. We DO NOT provide awake staff.

Camper's usual bedtime

Camper's usual wake time

Will this camper sleep through the night?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Is this camper incontinent at night?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Adaptive Equipment

Please check off any required equipment used by the camper. Camper should bring ALL necessary equipment to camp. Shower chair/bench and bedrails are provided.

Does the camper utilize any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Dishes |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Special shoes | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Glasses | <input type="checkbox"/> Briefs (specify size) |
| <input type="checkbox"/> Bedrails (need doctor's order) | <input type="checkbox"/> Cane | <input type="checkbox"/> Utensils |
| <input type="checkbox"/> Bedrail pads (must bring own) | <input type="checkbox"/> C-Pap machine | <input type="checkbox"/> Other(specify) |

Comments regarding checked items:

Skills Checklist (continued)

For: _____

Mobility

Does Camper have mobility guidelines?

☐ Yes ☐ No

Can the camper walk independently?

☐ Yes ☐ No

Does the camper need physical assistance while walking?

☐ Yes ☐ No

Does the camper require lifting?

☐ Yes - they require stand and pivot ☐ Yes - they require a three person lift
☐ Yes - they require a two person lift ☐ No - they do not require lifting

Comments:

Other Needs

Please answer place a checkmark to indicate any difficulties related to the following areas:

Does the camper experience any of the following:

☐ Sleepwalking ☐ Bolting ☐ Wandering
☐ Incontinence ☐ Nightmares ☐ Other (specify below)

Does this camper have dining guidelines?

☐ Yes ☐ No

Does the camper require any of the following food consistencies?

☐ Cut up (1/2 by 1/2) ☐ Chopped (1/4 by 1/4) ☐ Ground ☐ Pureed

Does the camper require a different liquid consistency?

☐ Nectar ☐ Honey ☐ Pudding

Please provide any other information pertinent to the overall assistance provided to the camper during the duration of the session.
Please list any special hobbies and interests as well.