

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

- Independent Hand over hand Not applicable
 Verbal Prompt Total Assistance

Dresses self

- Independent Verbal Prompt Hand over hand Total Assistance

Can discriminate clean and dirty clothing

- Independent Verbal Prompt Hand over hand Total Assistance

Ties Shoes

- Independent Verbal Prompt Hand over hand Total Assistance

Can button and zipper

- Independent Verbal Prompt Hand over hand 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?

- Yes No

Is this camper incontinent at night?

- Yes 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.