

# MAGDALENA ECKE FAMILY 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: \_\_\_\_\_

### **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: \_\_\_\_\_