



**Make Promises Happen**

**"Changing Lives One  
Camp at a Time"**

**Skills Form**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/day/year

Camper Name: \_\_\_\_\_  
First Middle Last

New Camper  Returning Camper Age on Arrival at Camp: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_

FOR OFFICE USE ONLY:  
 Male  Female

Camper Name: \_\_\_\_\_

Age: \_\_\_\_\_

1 on 1: \_\_\_\_\_

Ambulatory: \_\_\_\_\_

Verbal: \_\_\_\_\_

Food Allergy: \_\_\_\_\_

MOBILITY	*** Please circle which best applies ***			Comments
- Ambulatory	Yes	No	With Cane or Walker	
- Uses wheelchair	Manual	Electric	Both	
- Bears weight	Yes	No		
- Transfers	With Assistance	Alone		
Comments:				

COMMUNICATION	Please circle Yes or No		Comments
- Nonverbal	Yes	No	
- Uses sign language	Yes	No	
- Uses communication device ***please bring device***	Yes	No	
- Uses eye gazes	Yes	No	
- Additional communication information ***List special words or phrases used at home***			

SOCIAL CONCERNS	Please circle Yes or No		Comments
*** answers will NOT exclude individual, but will ensure the best possible care ***			
- Shows aggression toward others	Yes	No	
- Shows aggression toward self	Yes	No	
- Has been restrained	Yes	No	*** If yes, list when this happened and the circumstances on the line below ***
- Has a behavior plan	Yes	No	*** If yes, please attach a copy or summarize in the line below ***

SWIMMING	Please circle Yes or No		Comments
- Swims independently in shallow end	Yes	No	
- Swims independently in deep end	Yes	No	
- Submerges head under water	Yes	No	
- Enters pool without assistance	Yes	No	
Comments:			

<b>DRESSING</b>	<b>Independent</b>	<b>Needs Verbal Prompts</b>	<b>Needs Physical Assistance</b>	<b>Comments</b>
- Unpacks/packs self				
- Dresses self				

<b>Feeding</b>	<b>Independent</b>	<b>Needs Verbal Prompts</b>	<b>Needs Physical Assistance</b>	<b>Comments</b>
- Eating				
- Drinking				
- Positioning ***photos of camper's home positioning are greatly appreciated***	Describe:			
- Adaptive equipment	Describe:			
- Food allergies	Describe:			

<b>SHOWERING</b>	<b>Independent</b>	<b>Needs Verbal Prompts</b>	<b>Needs Physical Assistance</b>	<b>Comments</b>
- Takes a shower				
- Shampoos hair				
- Dries off				
- Brushes teeth				
- Avoids showers *** please provide techniques on how to persuade ***				

<b>TOILETING</b>	<b>Independent</b>	<b>Needs Verbal Prompts</b>	<b>Needs Physical Assistance</b>	<b>Comments</b>
- Uses toilet appropriately				
- Asks to use the toilet				
- Can wipe				
- Uses catheter				
- Wears Depends ***please provide***	When are they worn?			
- Has bathroom schedule	Describe:			

<b>NIGHT TIME ROUTINE</b>	<b>Please circle Yes or No</b>		<b>Comments</b>
- Sleeps through the night	Yes	No	
- Has special sleep habits *** example: music, sleeps with stuffed animal, sleep walks ***	Yes	No	
- Has sleep positioning requirements *** Photos of campers home positioning are greatly appreciated ***	Yes	No	
- Has history of wetting or soiling bed *** Please send extra bedding ***	Yes	No	

Additional Information:

**\*\*\* Hobbies, Interests, Preferred Camp Activities \*\*\***