

Mansfield Parks and Recreation Department

Camp Mansfield Special Assistance Form

Grade Entering, Fall 2018

Camp/Session Requested

To be completed by camper's Parent or Guardian—Please give us as much detail as possible to help your child have the best camp experience possible. Thank you.

Name: _____ Phone _____

Address: _____ Age _____

Primary need for support/special assistance: _____

Primary medical diagnosis/disability (i.e. Downs Syndrome, ADD): _____

Secondary medical diagnosis/disability (if any): _____

Skills Checklist

Self-Help Skills

| | | Independent | Needs Verbal Reminder or Direction | Needs Physical Assistance |
|----|-------------------------------|-------------|---------------------------------------|------------------------------|
| 1 | Uses toilet appropriately | | | |
| 2 | Asks to go to the toilet | | | |
| 3 | Washes hands and face | | | |
| 4 | Eats lunch without difficulty | | | |
| 5 | Dresses self | | | |
| 6 | Ties shoes | | | |
| 7 | Can button and zipper | | | |
| 8 | Walks independently | | | |
| 9 | Can tell time to hour | | | |
| 10 | Knows days of the week | | | |

Comments/suggestions to your child's counselor concerning how to best support your child with Skills 1-10:

Communication

| | | Usually | Sometimes | Never |
|---|-------------------------------------|---------|-----------|-------|
| 1 | Engages in verbal conversation | | | |
| 2 | Expresses self by sign language | | | |
| 3 | Uses understandable speech | | | |
| 4 | Recognizes name when called | | | |
| 5 | Recognizes name in print | | | |
| 6 | Follows one-step directions | | | |
| 7 | Follows two or more step directions | | | |
| 8 | Knows basic colors and shapes | | | |
| 9 | Knows numbers 1-10 | | | |

Comments/suggestions to your child's counselor concerning how to best support your child with communication 1-9:

Social Behavior

| | | Usually | Sometimes | Never |
|----|---|---------|-----------|-------|
| 1 | Feels secure in new situations w/reassurance | | | |
| 2 | Responds to directions from known authority figure | | | |
| 3 | Has reasonable control of feelings—appropriately verbalize/signs feelings | | | |
| 4 | Able to tolerate various group activity situations | | | |
| 5 | Shouts or becomes angry in peer interactions | | | |
| 6 | Responds and follows directions in groups situation | | | |
| 7 | Interacts/plays safely with peers | | | |
| 8 | Displays temper tantrum whenever annoyed or frustrated | | | |
| 9 | Displays aggressive behavior when angry, upset, frustrated | | | |
| 10 | Destroys Property | | | |

Comments/suggestions to your child's counselor concerning how to best support the camper with socialization (i.e. reinforcements, intervention, behavior plan), 1-10.

Recreation Interests

| | Likes | Dislikes | Never Tried |
|-------------------|-------|----------|-------------|
| Canoeing | | | |
| Swimming | | | |
| Arts & Crafts | | | |
| Sports: | | | |
| Soccer | | | |
| Basketball | | | |
| Kickball | | | |
| Baseball | | | |
| Frisbee | | | |
| Tennis | | | |
| Group Games | | | |
| Drama | | | |
| Nature Activities | | | |
| Hiking/Walks | | | |
| Quiet Games | | | |
| Archery | | | |
| Music | | | |

Please list any additional recreational hobbies or interests or other information helpful to your child's counselor:

The above information is correct so far as I know at date of completion

Signature of Person Completing Form

Date

Printed name of signature above

Relationship to camper