



INCLUSION SUPPORT PROGRAM INFORMATION FORM- DAY CAMP

APPLICATIONS FOR THE ONE-ON-ONE INCLUSION SUPPORT PROGRAM ARE RECEIVED UNTIL ALL SPOTS FILLED.

Hello Campers & Guardians!

Completing this information packet will help us get to know your camper so we can support them as best as we can while they are with us at Evans Lake. Please know that while we can support a diverse array of physical and social needs, Evans Lake staff are unable to support campers who demonstrate physical violence or who frequently elope. We recognize that this is a large document to complete, and we are thankful for the time and effort you are putting in so that your camper has an amazing time at camp!

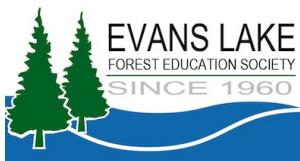
- Evans Lake



INCLUSION SUPPORT PROGRAM INFORMATION FORM- DAY CAMP

APPLICATIONS FOR THE ONE-ON-ONE INCLUSION SUPPORT
PROGRAM ARE RECEIVED UNTIL ALL SPOTS FILLED.

Campers First Name:	Last Name:		
<p>Tell us about your camper. What makes them an awesome kid? What do you want us to know before we learn anything else about them?</p>			
<p>Please tell us what your campers daily routine looks like & and any likes or dislikes in their routine. Are there things they do weekly or daily that they particularly like or dislike?</p>			
Activity Interests			
<p>Please put YES beside any activities that your camper likes, NO beside activities you know your camper dislikes and NEW beside any activities that will be brand-new to your camper.</p>			
Canoeing	Low Ropes	Tent Camping	Singing
Paddle Boarding	Swimming	Arts & Crafts	Nature Based Lessons
Archery	Hiking	Big Group Games	Campfires
<p>Please note any other activities that your camper likes or dislikes</p>			



INCLUSION SUPPORT PROGRAM INFORMATION FORM- DAY CAMP

APPLICATIONS FOR THE ONE-ON-ONE INCLUSION SUPPORT PROGRAM ARE RECEIVED UNTIL ALL SPOTS FILLED.

Health Information	
What is your camper's diagnosis?	
Does your camper have a history of seizures ? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If your camper has a history of seizures, please complete the Seizure Information section on page 10	
Physical Abilities, Assistive Devices and Support Needs	
Does your camper use or have any of the following?	
<input type="checkbox"/> Walking stick <input type="checkbox"/> Walker <input type="checkbox"/> AFOs <input type="checkbox"/> Other orthotics or braces (describe below) <input type="checkbox"/> Contacts <input type="checkbox"/> Hearing aids <input type="checkbox"/> Shunt <input type="checkbox"/> Feeding tube <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Other _____	
If your camper uses any assistive devices will they be bringing them to camp with them?	
Is there any further information in regards to physical abilities and assistive devices that we should know about?	
Does your camper use a Wheelchair or Jogger to support them in getting around? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
Will your camper be bringing their wheelchair or jogger to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Is the Wheelchair or Jogger able to be used on different terrains? (ie. Going on a hike) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your camper use their wheelchair or jogger full time? <input type="checkbox"/> Yes <input type="checkbox"/> No*	
*In what situations does your camper use their wheelchair?	
Is your camper able to weight bear to assist with transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any other information related to your camper's use of a wheelchair or a jogger that we should know about?	

Communication	
What language(s) is spoken at home?	
Expressive Communication - Check all that apply:	
<u>Speech</u> : <input type="checkbox"/> Isolated sounds <input type="checkbox"/> Spontaneous communication <input type="checkbox"/> Uses single words <input type="checkbox"/> Uses 2-to-4-word phrases <input type="checkbox"/> Uses Full sentences	<u>Communication tools</u> : <input type="checkbox"/> Electronic ACC device <input type="checkbox"/> Non electronic communication board <input type="checkbox"/> PECS <input type="checkbox"/> Photo Book <input type="checkbox"/> Sign Language (formal or otherwise) <input type="checkbox"/> Other: _____



INCLUSION SUPPORT PROGRAM INFORMATION FORM- DAY CAMP

APPLICATIONS FOR THE ONE-ON-ONE INCLUSION SUPPORT PROGRAM ARE RECEIVED UNTIL ALL SPOTS FILLED.

Are there any strategies that are helpful in supporting your camper's expressive communication?

Receptive Communication

	Never	Sometimes	Always
Does your camper follow 1 to 2 step instructions?			
Does your camper follow 3 or more step instructions?			
Does your camper respond to "stop" or "no"?			
Does your camper respond to verbal language?			
Does your camper respond to sign language/ signs they use?			
Does your camper respond to PECS?			
Does your camper respond to visual supports or picture prompts?			
Does your camper follow instructions given to a large group?			

Are there any strategies that are helpful in assisting your camper's receptive communication?

Social Support Needs

How does your camper do with following group schedules?

- Would be able to follow a typical group schedule and rules
- Would be able to follow most of the group schedule and rules but may need breaks away from the group
- Would be able to participate in about half the schedule but would need many breaks away from the group
- Would find it difficult to follow the schedule and would prefer to spend time away from the group

Group Settings – Check all that apply

<input type="checkbox"/> Comfortable in small group settings (5 to 15 people)	<input type="checkbox"/> Will stay with group
<input type="checkbox"/> Comfortable in medium group settings (15 or more people)	<input type="checkbox"/> Will return to group when asked to
<input type="checkbox"/> Comfortable in Large group settings (60 or more people)	
<input type="checkbox"/> May leave group if they are participating in an activity they don't like	

Interactions with peers - Check all that apply

<input type="checkbox"/> Able to make friends easily.	<input type="checkbox"/> Prefers to interact with peers independently
<input type="checkbox"/> Initiates interactions with peers	<input type="checkbox"/> Prefers to engage with peers their age
<input type="checkbox"/> Challenges with initiating peer interactions	<input type="checkbox"/> Prefers to engage with peers that are younger than them
<input type="checkbox"/> Interacts cooperatively with peers	<input type="checkbox"/> Prefers to engage with adults
<input type="checkbox"/> Engages in parallel play	<input type="checkbox"/> Engages with prompts

Age Group - This is to help us decide which age group to pair your camper with

- Does best when interacting with peers younger than
- Does best when interacting with peers the same age as them
- Does best when interacting with peers older than them



INCLUSION SUPPORT PROGRAM INFORMATION FORM- DAY CAMP

APPLICATIONS FOR THE ONE-ON-ONE INCLUSION SUPPORT PROGRAM ARE RECEIVED UNTIL ALL SPOTS FILLED.

Are there times when your camper has significant changes in mood such as expressing frustration, anger, sadness etc? Yes* No

*How are these emotions usually shown?

	Never	Sometimes	Always
Camper uses appropriate verbal expression			
Camper uses negative or inappropriate language			
Camper uses physical force			
Removing themselves and keeping to themselves			
Walking or running away			
Hides			
Other: _____			

If your camper is showing a change in mood in a way that could be considered rude, hurtful or physical towards other people, please elaborate on what you or other people have seen and what works to deescalate these behaviours.

Are there triggers that lead to behavioural changes? Do you have any tips on how to avoid these triggers or how to avoid escalating the situation when your camper encounters a trigger?

What does it look like when your camper starts getting frustrated?

Personal Care Information			
Toileting information and routine -Please indicate yes/no with an "X" in the box			
	Yes	No	Recommendations for success
Uses Diapers/ Briefs*			
Indicates need to go to the bathroom			
Urinates in the toilet			
Has bowel movement in the toilet			
Follows timed toileting routine			
Remains dry throughout the night			
Is regularly constipated			



INCLUSION SUPPORT PROGRAM INFORMATION FORM- DAY CAMP

APPLICATIONS FOR THE ONE-ON-ONE INCLUSION SUPPORT PROGRAM ARE RECEIVED UNTIL ALL SPOTS FILLED.

*If your camper uses diapers/ briefs, we would like to know what you call them at home so we can continue to use the same language at camp. We would also ask that you provide an example of your change routine with one of our staff (if possible.) This can help us continue your routines and can help make your camper more comfortable during their time at camp.

Ind. - Independent, does on their own

Prompt - Verbal reminder

Staff Adjustment – Does on their own but needs additional correction.

Hand over hand – Needs someone to help with motions

Full Asst. – Needs someone to do for them

Task	Ind.	Prompt	Staff Adjustment	Hand Over Hand	Full Asst.	Recommendations for Success
Pulls down pants						
Sits on toilet						
Wipes self after urination						
Wipes self after bowel movement						
Washes hands						
Any other notes on toileting:						

Awareness of Safety and Boundaries

	Yes	No	Recommendations for Success
Has awareness of traffic or machinery			
Has awareness of fire safety			
Has awareness of water safety			
Will run or hide			
Responds when name is called			
Puts inedible objects in mouth			
Please describe or elaborate on all safety concerns:			

Schedule and Transitions

How does your camper prefer to know the schedule of the day?

Full Day Half Day Two to three activities at a time
 One activity at a time. Just before a transition



INCLUSION SUPPORT PROGRAM INFORMATION FORM- DAY CAMP

APPLICATIONS FOR THE ONE-ON-ONE INCLUSION SUPPORT PROGRAM ARE RECEIVED UNTIL ALL SPOTS FILLED.

Does your camper benefit from a physical copy of the schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your camper react to unexpected change?	
What is the best way to prepare your camper for changes in the schedule?	
What is the best way to prepare your camper for transitions? <input type="checkbox"/> Time warning (starting from ___ minutes) <input type="checkbox"/> Show picture or PECS of next activity <input type="checkbox"/> Talk about next activity <input type="checkbox"/> Other: _____	
Any other notes about assisting your camper with transitions:	
Seizures -To be filled out if your camper has a history of seizures	
Date of last seizure: _____	
Frequency of seizures: _____	
Average length of seizures: _____	
Possible triggers for seizures: _____	
Types of seizures your camper experiences – Check all that apply <input type="checkbox"/> Absent Seizures (petit mal) <input type="checkbox"/> Tonic-Clonic (grand mal) <input type="checkbox"/> Simple partial <input type="checkbox"/> Febrile <input type="checkbox"/> Complex partial <input type="checkbox"/> Other: _____	
Please describe what your camper's seizures look like:	
Please describe your camper's seizure protocol at home. How do you respond to your camper when they have a seizure? When do you require to call 911 – such as if a seizure goes longer than 8 minutes or they have 4 seizures in a 2-hour period. Is there any medication you give if a seizure runs long?	
Recognizing that medical care to Evans Lake can be a little more delayed than in the city, are there any alterations to your protocol listed above that you would like us to follow?	
Any other notes on your camper's seizures:	