



INCLUSION SUPPORT PROGRAM INFORMATION FORM- OVERNIGHT CAMP

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

Hello campers and 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!



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Campers First Name:	Last Name:
<p>Tell us about your camper. what makes them an awesome kid? How has the past year gone?</p>	
<p>Has there been any changes to your camper's daily routine or their likes and dislikes?</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
Paddle Boarding	Swimming
Archery	Hiking
	Tent Camping
	Arts & Crafts
	Big Group Games
	Singing
	Nature Based Lessons
	Campfires



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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?

Personal Care Information
Has there been any changes in the level of support they need with their toileting?
*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.



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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

Menstrual Hygiene			
Is your camper menstruating? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What menstrual products does your camper use? <input type="checkbox"/> Pads <input type="checkbox"/> Tampons <input type="checkbox"/> Other _____			
	Yes	No	Recommendations for success
Do they know when to change?			
Can they change independently?			
Does their period affect swimming?			
Do you have a way of treating their menstrual cramps?			
Hygiene			
Has there been any changes in the level of support they need with bathing?			
How often do they shower/ bath per week?			
Other personal hygiene notes:			



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Dressing
<p>Has there been any changes in the level of support they need with dressing?</p>
Nighttime Routine
<p>Bedtime: _____ Wake up time: _____</p>
<p>What does your camper nighttime routine look like?</p> <p>If they are not settling, what are some strategies we can use to help them?</p>
<p>Does your Camper nap during the day? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*When do they nap and for how long? _____</p>
<p>Does your camper sleep through the night? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would your camper ever leave the cabin if they woke up in the night? <input type="checkbox"/> Yes. <input type="checkbox"/> No</p>
<p>Does your camper ever wet the bed? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*Are there any preventative strategies that you use at home?</p> <p><input type="checkbox"/> No. <input type="checkbox"/> Limit fluids after dinner <input type="checkbox"/> Use the washroom before bed</p> <p><input type="checkbox"/> Wear Pull-ups <input type="checkbox"/> Other _____</p>
Nighttime Routine
<p>At Evans Lake campers sleep in cabins that have up to 8 other campers, a cabin leader, and their one-to-one support worker sleeping in it. Campers also sleep on bunk beds. They can choose either the top or bottom bunk.</p>
<p>Would this be a setting that your camper would be able to sleep in? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>So that we can reserve a bed for your camper, would they like a top or bottom bed? <input type="checkbox"/> Top <input type="checkbox"/> Bottom</p>
<p>Other notes on bedtime:</p>
Food, Drink and Mealtime



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Has there been any changes in the level of support they require during mealtime?

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:			
Communication			
Has there been any changes in their expressive communication? (such as new AAC device, new signs, increase in verbal language.)			



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

Social Support Needs

Age Group – Check all that apply

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

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?



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Seizures- To be completed if your camper has a history of seizures
Does your camper have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check what type of seizures your camper experiences: <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: _____
Date of last seizure: _____ Frequency of seizers: _____ Average length of seizures: _____ Possible triggers for seizures: _____
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 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?