



CAMPER ASSESSMENT

1. Does the participant walk independently? Yes No
If not, what type of assistance is required? _____
2. Does the participant eat independently? Yes No
If not, what type of assistance is required? _____
3. Does the participant dress independently? Yes No
If not, what type of assistance is required? _____
4. Does the participant use the bathroom/toilet independently? Yes No
If not, what type of assistance is required? _____
5. Does the participant communicate through speech? Yes No
If not, what type of communication is used? _____
6. How does your child socially interact? (smile, initiates contact, follow directions, safety, etc.)

7. Does your child relate better with: small groups (3-5 people) large groups (5 or more) both
8. What are a few of the participant's favorite indoor/outdoor activities or special interests?

9. How does your child respond to physical contact (touched on shoulder, arm, etc.)? Explain: _____

10. Does your child exhibit any behavior problems? If so, please explain and include any triggers:

11. What behavior management techniques work best for your child? _____

12. Please add any additional information that would assist in modifications for the participant:

13. Please add any specific activities you would like to see your camper participate in this summer:

