

# YOUTH CAMP PROGRAM INCLUSION ASSESSMENT FORM

*Please Print and Fill out Completely*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_  Male  Female

Name of person completing this form: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

What kind of support is needed?

\_\_\_\_ None Just be aware of \_\_\_\_\_

\_\_\_\_ Initial orientation to program, environment, schedule, Etc. only \_\_\_\_\_

\_\_\_\_ One on One support to provide for \_\_\_\_\_

\_\_\_\_ Assistance with fine motor tasks (cutting) \_\_\_\_\_

\_\_\_\_ Assistance/adaption with gross motor task (running, sports) \_\_\_\_\_

\_\_\_\_ Uses assistive device(s) (manual/power w/c, crutches, cane, prosthesis, cuff) \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Comments on above: \_\_\_\_\_

\_\_\_\_\_

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What is the participant's primary means of communication?

\_\_\_\_ Speaks and understood by others \_\_\_\_\_

\_\_\_\_ Speaks, but difficult to understand \_\_\_\_\_

\_\_\_\_ No means of verbal communication, uses \_\_\_\_\_

\_\_\_\_ Sign language \_\_\_\_\_

\_\_\_\_ Communication board \_\_\_\_\_

\_\_\_\_ Other (eyes, gestures, etc.) \_\_\_\_\_

Comments on communication: \_\_\_\_\_

\_\_\_\_\_

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Are personal services (feeding, toileting, changing clothes) needed?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Is there another way to have these needs met? (Family, sibling, etc.) \_\_\_\_\_

\_\_\_\_\_

Check behaviors that are a concern:

Withdrawn/ shy

Hyperactive

Short attention span

Manipulation

Easily discouraged

Physically harms self

Runs away

Steals

Frustration tolerance

Physically harms others

Oppositional/defiant

Difficulty telling the truth

Other: \_\_\_\_\_

\_\_\_\_\_

## INCLUSION ASSESSMENT FORM (CONTINUED)

Describe best way to manage behaviors checked above (be specific): \_\_\_\_\_

What is the best way to motivate participant? \_\_\_\_\_

How does the participant interact with other children/adults? \_\_\_\_\_

Can participant follow directions easily?  Yes  No

If no, describe best way for directions to be given \_\_\_\_\_

Does participant take medications?  Yes  No if assistance is needed with medications, see permission and waiver to Dispense/ Self-Administer Medication form.

Medication side effects staff should be aware of: \_\_\_\_\_

Does the participant have seizures?  Yes  No if yes, describe type (grand mal), frequently, duration and warning signs

List desired seizure first aid procedures for participant: \_\_\_\_\_

List dietary restriction/allergies/ other medical conditions staff should be aware of: \_\_\_\_\_

List any precautions for participants due to medical/ physical/cognitive status of participant that staff should take: \_\_\_\_\_

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List strong fears participant may have: \_\_\_\_\_

List activities participant particularly likes: \_\_\_\_\_

List activities participant particularly dislikes: \_\_\_\_\_

What are your expectations for this participant in this program? \_\_\_\_\_

All information on this form is confidential and will only be shared with Leisure Services Staff.

Signature of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Camp Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_