

Daily Living Skills Form

Please complete the following questionnaire as accurately as possible. Your answers will assist to ensure a safe and enjoyable camp experience. Information given on this form is for Pioneer Program and Nursing staff only and will remain confidential.

Camper's Name: _____

PAGE 3 OF 5

Communication	
<input type="checkbox"/> Uses speech, full and/or short sentences <input type="checkbox"/> Clear, single words <input type="checkbox"/> Difficult to understand <input type="checkbox"/> Non-verbal (*see next column)	If non-verbal: <input type="checkbox"/> Uses sign language <input type="checkbox"/> Uses gestures <input type="checkbox"/> Has communication book, board, or other device
Comprehension	
<input type="checkbox"/> Understands and participates in conversations <input type="checkbox"/> Understands most directions <input type="checkbox"/> Limited understanding of verbal cues	<input type="checkbox"/> Does not outwardly respond <input type="checkbox"/> Camper wears hearing aid <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> both <input type="checkbox"/> Camper is deaf
Activity Level	
<input type="checkbox"/> Initiates own activities, shares interests with others <input type="checkbox"/> Very active, at times impulsive <input type="checkbox"/> Requires encouragement to complete activities	<input type="checkbox"/> Does not join activities individually however participates with continual encouragement and/or help <input type="checkbox"/> Does not willingly participate in most activities
Interests	
<input type="checkbox"/> Music <input type="checkbox"/> Singing <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Nature <input type="checkbox"/> Dancing <input type="checkbox"/> Water activities <input type="checkbox"/> Games <input type="checkbox"/> Swimming <input type="checkbox"/> Bible Study <input type="checkbox"/> Sports(basketball, soccer, etc) <input type="checkbox"/> Animals <input type="checkbox"/> Bowling <input type="checkbox"/> Drawing other: _____	Favorite activity: _____ While at camp, camper is looking forward to: _____ Any known fears: _____
Socialization	
<input type="checkbox"/> Enjoys activities and contact with others <input type="checkbox"/> Accepts limited contact with others <input type="checkbox"/> Prefers solo activities <i>If camper is working toward goals in a behavior plan, please provide a copy of that plan.</i>	Engages in behaviors that can be harmful to self and/or others: <input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> often Engages in behaviors that are not harmful but can be distracting or obsessive: <input type="checkbox"/> yes <input type="checkbox"/> no Please explain: _____ _____
Mobility	
<input type="checkbox"/> Walks independently <input type="checkbox"/> Requires occasional physical assistance walking on uneven ground or up stairs <input type="checkbox"/> Uses cane or walker (please circle which) <input type="checkbox"/> Wears orthopedics or braces <input type="checkbox"/> Requires direct physical assistance of one person while walking at all times <input type="checkbox"/> Camper is blind <input type="checkbox"/> Wheelchair for long distance only	<input type="checkbox"/> Wheelchair at all times <input type="checkbox"/> can stand and pivot during transfers <input type="checkbox"/> unable to stand and pivot, is non-weight bearing <input type="checkbox"/> provides upper body assistance during transfers <input type="checkbox"/> able to transfer with minimal assistance <input type="checkbox"/> able to transfer with no assistance needed <input type="checkbox"/> manual wheelchair <input type="checkbox"/> electric wheelchair Other physical limitations: _____ _____
Sleeping Habits	
Goes to sleep at: _____ PM Wakes at: _____ AM Gets out of bed during the night: <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Always Bedtime routine: _____ _____ _____	Wets the bed at night: <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often Uses special equipment to sleep (ex.c-pap,etc.): <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: _____ _____

