

Camper Profile

For:

Date Completed:
Last Updated:
Birthdate:
Age:
Gender:

Camper Height (ie: 4'11")

Camper Weight (lbs.)

Camper T-shirt Size

Camper's age on July 30

Camper's developmental age
(This may be different from their physical age and helps us group campers with their peers)

Has your camper previously attended summer camp?

☐ Yes - overnight

☐ Yes - day camp

☐ No

Would you like your camper to be paired with a particular volunteer?

☐ Yes

☐ No

If yes, who?

How did you hear about Hope's Haven?

What is your camper's primary diagnosis?

Is your camper currently enrolled in school or any programs?

☐ Yes

☐ No

Please provide the name of the current or most recent school/program your camper attended

What type classroom is your camper in?

Please list any therapies, programs, or additional services your camper participates in

Who does your camper live with?

What activities or hobbies does your camper enjoy?

What does a typical day look like for your camper?

What is your camper's typical daily energy level?

☐ Mostly stationary

☐ Active throughout the day

☐ Moves when prompted

☐ Constantly moving and prefers to not be still

☐ Typical energy level

What is your camper's sleep schedule, including any naps taken during the day?

Does your camper have any mobility impairments?

☐ Yes

☐ No

Does your camper use any special equipment or devices (i.e. wheelchair, walker, gait trainer, AFO braces, etc.)?

☐ Yes

☐ No

Please describe what equipment or devices your camper uses and how they are utilized

Grooming & Hygiene

Please check all that apply to your camper

☐ Full independent getting dressed

☐ Needs verbal assistance or reminders when getting dressed

☐ Needs continued verbal reminders when getting dressed

☐ Needs hand over hand assistance when getting dressed

☐ Needs help putting on undergarments

☐ Needs help putting on pants

☐ Needs help putting on shirt

☐ Needs help fastening buttons or snaps

☐ Needs help putting on socks

☐ Needs help putting on shoes

☐ Needs help tying or fastening shoes

☐ Needs help putting on AFO devices or braces

Please share any additional information about camper's dressing routine

Please check all items your camper requires assistance with

☐ Combing/brushing hair

☐ Styling hair

☐ Shaving face or legs (Camp Conquest staff cannot assist campers in using razors)

☐ Shower routine

☐ Getting in and out of the shower

☐ Shower - washing hair only

☐ Shower - washing entire body

☐ Shower - only specific parts (please note below)

☐ Brushing teeth

Please check all that describe your camper

- ☐ Independent when using the restroom
- ☐ Needs verbal prompting to use the restroom
- ☐ Wears a brief during the day
- ☐ Wears a brief only at night
- ☐ Will communicate when they need to use the restroom
- ☐ Needs minimal assistance cleaning after using the restroom
- ☐ Needs full assistance cleaning after using the restroom
- ☐ Can sit on the toilet unassisted
- ☐ Needs assistance sitting on the toilet
- ☐ Does not use the toilet and requires full care with brief changes

Please share any additional information about camper's hygiene routine

Communication & Social Needs

Please check all that apply

- ☐ Will interact with peers
- ☐ Will interact with caregivers
- ☐ Fearful of the dark
- ☐ Can identify emotions
- ☐ Can communicate emotions
- ☐ Often becomes overwhelmed in social settings
- ☐ Requires quiet space to regulate emotions
- ☐ Will initiate social interactions
- ☐ Needs to be encouraged to participate in social settings
- ☐ Will participate in most activities
- ☐ Needs to be encouraged to participate in activities
- ☐ Can swim independently
- ☐ Can swim with a flotation devices
- ☐ Requires life jacket to swim
- ☐ N/A

Please share any additional information about your camper's social interactions and needs

Does your camper communicate verbally?

- ☐ Yes
- ☐ No
- ☐ Some verbal communication

Does your camper use an assistive communication device?

- ☐ Yes
- ☐ No

Does your camper primarily use ASL to communicate?

- ☐ Yes
- ☐ No

Please provide any additional information relevant to your camper's communication needs, including the best ways to communicate with your camper.

Behavior & Sensory Needs

As a camp for individuals with special needs, we expect our campers to have behavioral issues. Please be honest and provide as much information as possible to help our staff best serve your camper.

Please indicate the level of your camper's behavioral issues

☐ No behavioral issues

☐ Moderate behavior issues

☐ Mild behavioral issues

☐ Severe behavioral issues

If you indicated that your camper has behavioral issues, please provide as much information as possible about their behaviors, what triggers them, and how we can help your camper maintain and regain self-control.

Does your camper, or have they ever exhibited physical aggression towards others?

☐ Yes

☐ No

If yes, please describe the what triggers the aggression, how often, and what helps your camper to calm down. Again, please provide as much information as possible so our staff can help your camper be successful at camp.

Does your camper struggle to transition between activities?

☐ Yes

☐ No

If your camper struggles with transitions, please share what helps your camper transition between activities such as a visual schedule, reminders, etc.

Does your camper have any sensory issues?

☐ Yes

☐ No

If you indicated that your camper has sensory issues, please describe them and what helps your camper cope including self soothing objects, headphones, etc., and when and how often they use them.

Additional Information

Please use this space to share any additional information you would like us to know about your camper's personality, needs, etc. Our staff carefully reviews this information prior to your camper's arrival and uses this information to care for your camper. We look forward to learning more about your camper!

Additional Info