



Understanding Our Campers

Thank you for taking the time to complete this form. The information provided below allows us to plan appropriate activities and ensure a positive camp experience for all. Please be specific in your answers and use another piece of paper if necessary. Once this form is complete, please send it to the office via fax 978 448 0025, email office@grotonwood.org or upload directly to our website www.grotonwood.campintouch.com. If you have any questions please contact the office at 978 448 5763.

1. Personal and Behavior

Has the camper ever attended Grotonwood before? Yes/No

Has the camper ever been away from home before? Yes/No

Any problems with homesickness anticipated? Yes/No

If yes, what might be the best way of handling it?

Please check those behaviors that apply to the camper:

No unusual behavior	<input type="checkbox"/>	Stubbornness	<input type="checkbox"/>
Physically aggressive towards others	<input type="checkbox"/>	Self-Injurious	<input type="checkbox"/>
Physically aggressive towards objects	<input type="checkbox"/>	Attaches to male staff	<input type="checkbox"/>
Verbally aggressive	<input type="checkbox"/>	Attaches to female staff	<input type="checkbox"/>
Withdrawn/shy	<input type="checkbox"/>	Temper Tantrums	<input type="checkbox"/>
Wanders / runs away	<input type="checkbox"/>		
Other (please describe)	<input style="width: 100%; height: 20px;" type="text"/>		

Explained all checked behaviors, their frequency and methods/interventions of dealing with behavior"

Does the camper have any strong fears, such as animals, thunderstorms, heights, water, etc....? Yes/No

If yes, please explain the method for dealing with fears:

Please list any other information you feel would be helpful in providing the best camping experience:

2. Activities

Please let us know what activities are enjoyed/disliked by the camper:

Activity	Enjoys	Does NOT Enjoy	CANNOT participate	Activity	Enjoys	Does NOT Enjoy	CANNOT participate
Swimming				Singing			
Pontoon Boat				Archery			
Hiking				Tubing			
Rock Wall				Paddle Boats			
Dancing				Ball Games			
Please list any activities not mentioned above that the camper especially DISLIKES:							
Please list any activities not mentioned above that the camper especially LIKES:							

3. Speech

Normal

Mildly affected

Moderately Affected

Few words

Non verbal

Further communication instructions and assistance information:

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4. Hearing

Normal

Hard of hearing

Partial loss

Total loss

Further communication instructions and assistance information:

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5. Mobility

Does the camper require assistance in walking? Yes/No

If yes, what assistance is required?

Is the camper be able to climb stairs? Yes/No

Does the camper use a wheel chair, walker or cane? If so, which?

If yes how does the camper transfer to and from their wheelchair?

Please provide any further helpful information below:

6. Adaptive Devices

Please ensure the camper arrives with all adaptive device(s) used on a regular basis:

Dentures

Glasses

Hearing Aid(s)

Helmet

Others:

Please provide specific information on use and care of adaptive devices:

7. Eating

Assistance Level

Totally Independent

Can Feed Self Finger Foods

Needs help (cutting/pouring)

Cannot Feed Self

Meals must be ground/puréed?

Other. Please explain:

Campers diet (Please ensure any allergies are detailed on the campers Health History Form)

Does not eat beef	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Lactose free	<input type="checkbox"/>
Does not eat pork	<input type="checkbox"/>	Kosher	<input type="checkbox"/>	Gluten free	<input type="checkbox"/>
Does not eat seafood	<input type="checkbox"/>	Dairy free	<input type="checkbox"/>		
Does not eat eggs	<input type="checkbox"/>	Vegan	<input type="checkbox"/>		

Other. Please detail:

8. Sleeping Patterns

Normal	<input type="checkbox"/>
Restless	<input type="checkbox"/>
Hard to wake	<input type="checkbox"/>
Talks in sleep	<input type="checkbox"/>
Sleepwalks	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>

Further information, for example if hard to wake, explain how to rouse. Please also include any bedtime rituals.

9. Dressing

Independent	<input type="checkbox"/>
Verbal Prompts	<input type="checkbox"/>
Some help	<input type="checkbox"/>
Total help	<input type="checkbox"/>

If help is needed please explain:

10. Showering/Personal Care

Independent

Verbal Prompts

Some help

Total help

If help is needed please explain:

11. Bathroom Use

Independent

Verbal Prompts

Some help

Total help

If help is needed please explain:

Does the camper wear Attends/Briefs during the day? Yes/No

Does the camper wear Attends/Briefs during the night? Yes/No

Does the camper use mattress pads at night? Yes/No

If yes please send plenty. If not, **you will be billed for our expense.**