



# CAMP PAHA Counselor Information Sheet



This form is your opportunity to give your child's camp counselors information that will help make your child's camp experience fun, exciting, positive and productive. You are the one who knows your camper best. We want to provide the best possible care for your camper.

**PLEASE FILL IT OUT IN DETAIL! EVEN IF YOUR CAMPER HAS BEEN AT CAMP BEFORE. THANKS!**

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

(Please note *which* parent) Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

(Please note *which* parent) Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at Camp \_\_\_\_\_

Other family members (brothers, sisters, etc.) \_\_\_\_\_

Pets: (names and types) \_\_\_\_\_

Favorite activities/hobbies: \_\_\_\_\_

Activities parents or siblings are involved in: (baseball, swimming, music, etc.) \_\_\_\_\_

Activities to be encouraged: (sports, music, etc.) \_\_\_\_\_

Activities to be discouraged: \_\_\_\_\_

Favorite rewards: \_\_\_\_\_

Foods the camper likes: \_\_\_\_\_

Foods the camper dislikes or is not allowed to eat: \_\_\_\_\_

How much time is spent mainstreamed: \_\_\_\_\_

Allergies or sensitivities: (pollen, food, weeds, bees, etc.) \_\_\_\_\_

### **HOW DOES YOUR CHILD WORK IN:**

Independent or self-directed activities: \_\_\_\_\_

Small groups (3-12 campers): \_\_\_\_\_

Large groups (25 or more campers): \_\_\_\_\_

### **HOW DOES YOUR CHILD PLAY IN:**

Independent or self-directed activities: \_\_\_\_\_

Small groups (3-12 campers): \_\_\_\_\_

Large groups (25 or more campers): \_\_\_\_\_

How does your child respond to/ handle / participate in unstructured free time (i.e. recess, free play)? \_\_\_\_\_

**BEHAVIOR MANAGEMENT TECHNIQUES** (rewards, consequences, comforts etc. that work for your child):

At home: \_\_\_\_\_

At school: \_\_\_\_\_

In other settings: \_\_\_\_\_

Behaviors to be encouraged: \_\_\_\_\_

Behaviors to be discouraged: \_\_\_\_\_

Is there anything your child is afraid of: \_\_\_\_\_

**PERSONAL HYGIENE:** (please check all that apply)

**Dressing or Changing Clothes:**       dresses self       minimal help       full assistance

Please describe help or assistance needed \_\_\_\_\_

**Toileting:**  uses toilet independently    minimal help    uses diapers    uses catheter    needs full assistance

Please describe help or assistance needed \_\_\_\_\_

**Feeding:**  can feed self independently       minimal help    uses g-tube    needs full assistance

Please describe help or assistance needed \_\_\_\_\_

**Mobility:**  walks independently    uses manual wheel chair    uses electric wheel chair    uses walker    uses cane

needs assistance on long distances    needs to be pushed in chair    can transfer independently    needs assistance

transferring - Please describe help or assistance needed \_\_\_\_\_

**Other Adaptive equipment camper uses:**  glasses    helmet    hearing aids    communication board

arm/hand braces    leg braces    other \_\_\_\_\_

**COMMUNICATION:** (please check all that apply)

**How does your child communicate with others?**  verbally    non verbally    uses sign language    gestures

communication board    other \_\_\_\_\_

**Please describe your child's communication for basic needs** (i.e. happy, sad, hot, cold, hungry, mad, bathroom, sick, help, mom, dad, sibling etc.) \_\_\_\_\_

Other things we should know: \_\_\_\_\_

Who will be bringing and/or picking up your child from camp: \_\_\_\_\_

Camp starts at 9:00 a.m. for full day and ends at 5:00 p.m.

Before Care is available from 7-9am & After Care is available from 5-6pm for an additional charge. **No after care on Mondays**

1. Estimated arrival time: \_\_\_\_\_

2. Estimated pick-up time: \_\_\_\_\_

3. If using a transportation service please indicate which one: \_\_\_\_\_