



The League ~ Camping & Recreation

1111 E Cold Spring Lane, Baltimore MD 21239
410.323.0500 ~ f: 866.306.7424

SKILLS CHECK SHEET

To be completed **annually** by primary caregiver and submitted with registration.
Please print legibly!

Participant Name: _____ DOB: _____ Date: _____

Disability: _____ T-Shirt Size: _____

Mobility – please check all that apply	Staffing Preference
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Ambulatory with assistance <input type="checkbox"/> Type of assistance: _____ <input type="checkbox"/> Uses Wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Power Can propel self? Y/N	Transfer Assistance <input type="checkbox"/> Independent <input type="checkbox"/> 1-person pivot <input type="checkbox"/> 2-person <input type="checkbox"/> Hoyer Lift (must bring to camp)
Comments: _____	Camper works best with the following staff: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference Please note that we will try to pair your camper based on your preference. *Female campers will never be placed in male-staffed cabin, regardless of preference. The personality type my camper responds to best is: _____

Activities Of Daily Living/ Personal Care – please check all that apply					
	Independent	Verbal Prompts	Hand over Hand	Total Assistance	Description of assistance needed
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tie Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Button/Zipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shampoos Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/> Independent with toileting needs; no concerns		<input type="checkbox"/> Needs reminders to use the toilet regularly		<input type="checkbox"/> Needs assistance wiping after toileting
Aids used	<input type="checkbox"/> Depends When worn?		<input type="checkbox"/> Bedpan /Urinal	<input type="checkbox"/> Toilet Chair	<input type="checkbox"/> Other
Bladder Control	<input type="checkbox"/> Continent	<input type="checkbox"/> Occasional Accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Catheter & Type:	
Bowel Control	<input type="checkbox"/> Continent	<input type="checkbox"/> Occasional Accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Bowel Program:	
Eating	<input type="checkbox"/> Independent with meals; no concerns		<input type="checkbox"/> Needs prompting to eat		<input type="checkbox"/> Needs to be fed
Utensils	<input type="checkbox"/> Uses conventional utensils		<input type="checkbox"/> Uses Adaptive Utensils (must bring)		<input type="checkbox"/> Finger Foods only
Dietary Needs	<input type="checkbox"/> Food cut into bite size pieces (1/2" or smaller)		<input type="checkbox"/> Mechanically chopped diet only (finely chopped)		<input type="checkbox"/> Pureed diet only
	<input type="checkbox"/> Gluten Free Diet		<input type="checkbox"/> Casein Free Diet		<input type="checkbox"/> G-tube (please complete g-tube form)
*For those campers on a Gluten/Casein Free or other restrictive diet, please plan to bring supplemental foods to last throughout the week. Please contact us with any questions regarding your diet.					
Other Dietary Restrictions					
Food Allergies	(Please list, along with reaction):				

Communication - please check all that apply

(Please bring any equipment needed for successful communication)

Expressive
Communication:

- Verbal; can be clearly understood
- Verbal; is difficult to understand
- Non-Verbal
- Limited verbal vocabulary
- Uses gestures
- Uses Sign Language
- Uses communication device:

Receptive
Communication:

- Can easily understand & follow verbal directions
- Understands Sign Language
- Needs time to process & act upon instructions
- Needs reminders and cues
- Cannot process/does not follow directions
- Other means of communication:

Behavioral Information – please check all that apply

- Has a behavioral support plan (please attach a copy)

History of:

- Verbal Aggression
- Physical Aggression toward others
 - Biting
 - Hitting
 - Kicking
 - Other:
- Wandering/Running away from group

Self-Injurious behaviors

- Picking/Scratching
- Head Banging
- PICA (please explain)
- Biting

Other behaviors to be noted:

No behavioral issues

Please list any behaviors we may see at camp:

How often do behaviors occur?

Triggers/Antecedent (what causes these behaviors?):

Redirection techniques:

*Please use another sheet if necessary to fully explain behavioral information.

Night Time Routine – please check all that apply.

Please note that Camp Greentop does not provide awake overnight staffing

- | | | |
|--|---|---|
| <input type="checkbox"/> No concerns; sleeps through night | <input type="checkbox"/> Wanders at night | <input type="checkbox"/> Requires bedrails |
| <input type="checkbox"/> Wakes to toilet independently | <input type="checkbox"/> Wakes early; please note time: | <input type="checkbox"/> Requires adjustment/repositioning at night; please describe: |
| <input type="checkbox"/> Wakes to toilet with assistance | <input type="checkbox"/> Requires medications to help sleep | |

Comments:

Activities and Interests

Swimming	Swimming Level <input type="checkbox"/> Non-swimmer/beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Swimming Comments: If your camper wears depends throughout the day, a swim diaper/depends cover is required .
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Favorite Activities:

Least Favorite Activities:

Additional Information

Please list any specialized health procedures, not including routine medications:

Please provide any additional information that will assist us in caring for this camper:

Name of person completing form:	Contact Number:	Relationship to camper:
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