2023-2024 Application for Easterseals Wisconsin Camp Wawbeek & Respite Camp

How to Register for Camp:

2023-2024 Camp Application
Please Note: Your application
WILL NOT BE PROCESSED
if you do not complete STEPS 1-17.





All campers are added to waitlist until registered by director.

Offering programs throughout the year means a large number of camper registrations to review, and we will review applications for the earliest programs first. Summer registration opens Jan.

2024 and school year registration opens Sept. 2023.



Schedule a physical and complete the Medical Examination Form (included with reminder/information packet or available to print from our website registration page).



Registered Status Campers: Two weeks prior to your session date you will receive a reminder packet and additional information by mail. Any amount owed will be listed on the session notification.



Prior to your confirmed camp session, you will receive an invite via email to Campdoc.com where you will upload the signed Medical Examination Form, and vaccination records, list medications and any additional health history.

Congratulations, you are ready for Camp!

Complete & Mail Steps 1-17 of the Application to:

Easterseals Wisconsin Camps 8001 Excelsior Drive, Suite 200 Madison, WI 53717

Apply Online:

https://eastersealswisconsin.com/campregistrations/

Billing & Registration Info:

camp@EastersealsWisconsin.com 1-800-422-2324 (Registration) 608-237-1372 (Billing)

Registration status change will be communicated by email. All sesson registration is dependent on staff numbers.

Make a Payment:

Send a check to the Madison office, pay online by logging into your account, or you can pay over phone with credit card accepted.

Website:

http://EastersealsWisconsin.com

This application is valid for sessions September 2023-August 2024





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CAMP FEE PAYMENT - General Billing Policies

Paying For Camp

Easterseals Wisconsin strives to keep camp fees as low as possible. Most of our campers have their fees paid in part or in full through a third party.

Private Payers

If you will be paying privately (in part or in full), we provide several options:

- *Online:* On the Easterseals Wisconsin camp registration page, you can pay your camp fees by credit or debit card.
- By Mail: Please send payments at least two weeks in advance of your camp session (to give us time to process the payment):

Easterseals Wisconsin Attn: Camp Admin 8001 Excelsior Drive, Suite #200 Madison, WI 53717

• At Camp Check-in: We can also receive payment in cash or check when you arrive at camp.

Note: Please fill out all checks to "Easterseals Wisconsin." We send receipts only by request.

Third Party Payment (agency or organization billing)

If an outside source such as IRIS is paying your camp fee (in part or in full):

- See below for more info on specific funding sources
- Please include your payment source and name of caseworker in the application.
- Verify that any session you're attending is covered by your program prior to your session.
- Keep us in the loop: If there are changes to your funding source, please let us know as soon as possible.

Camperships

If you believe that your family will require assistance to pay for a camp session, please fill out the campership form and return to Easterseals Wisconsin within 10 days of enrollment. If you have questions about camperships, please call 608-237-1372.

THIRD PARTY PAYERS Guidelines for Common Sources

County Human Services, CLTS Waiver, Disability Services, Family Care, or Family Support Programs

- Each camp session must be authorized by your caseworker prior to the session. Please inform your caseworker to send all service authorizations to the Madison office (see the above address, or email to **eswcamps@eastersealswisconsin. com**).
- Claims for these programs are typically made after the camper has attended camp and we have received the authorization.
- There are a variety of Medicaid programs and waiver agreements that assist our campers in paying for camp. Inquire at your county's Department of Health, family service agency, or your local Aging and Disability Resource Center (ADRC) to determine eligibility and funding.
- Be aware that some counties contract with private agencies, such as Lutheran Social Services (LSS) or the Family Support & Resource Center (FSRC).

IRIS Program

- If you are covered by IRIS, your camp sessions will need to be added to your Individual Service and Support Plan. Please ask your IRIS consultant to send IRIS Vendor Authorization Letters to the Easterseals Wisconsin Madison office (see the above address) or email to eswcamps@eastersealswisconsin.com.
- Easterseals Wisconsin requires the Vendor Authorization Letters *prior* to campers attending any camp sessions.
- Recently, the administration of IRIS has split into several IRIS consultant agencies (ICAs, the most common of which is TMG) and several fiscal employer agents (iLife, GT Indepedence, Outreach, and Premier). This split has caused a great deal of confusion for campers and billing staff alike. So that we can better assist you, if you intend to use IRIS funds to pay for camp, you must include your Fiscal Employer Agency (FEA), IRIS Consultant Agency (ICA) and the name of your IRIS Consultant on your application. (More info, including a Wisconsin map of ICAs and FEAs by county/region, can be found at https://www.dhs.wisconsin.gov/iris/directory.htm).

FUNDING INFORMATION SERVICES AT EASTERSEALS WISCONSIN CAMPS

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Service Clubs and Organizations

Some local service clubs and organizations offer scholarships/camperships to assist individuals to attend camp.

General Guidelines

- In your application, please provide the name of the organization that is sponsoring you, along with their contact name and phone number.
- We will typically send an invoice to the organization on the first day of the month following your session, though we do encourage organizations to pay ahead. Please see the "Private Payer" section above for more information.
- While most programs and agencies base their funding on standard gross family income, some programs do take into consideration the extraordinary costs of care for individuals with disabilities, and will assist middle-income families.
- We have included a sample letter below for requesting a campership from a community organization.
- We recommend that you send a thank-you letter to your sponsor after you attend camp. This is common courtesy and will be greatly appreciated!

Finding the right organization

- Many of our campers are given camperships by clubs. Some of these clubs include the Elks, Lions, Masons, Rotary, Kiwanis,
 Optimists, Knights of Columbus, and Fraternal Order of Eagles.
- Some communities have set up funds to provide grants for families. Your church or employer may also be a place to ask for assistance. Private statewide foundations such as the Hans and Anna Spartvedt Testamentary Trust (608-232-2004) may be able to help as well.
- The Children's Miracle Network (CMN) directly assists some children and their families. Two CMN-affiliated hospitals in Wisconsin may offer help to eligible families:
 - o CMN at Ministry St. Joseph's Children's Hospital / Marshfield Clinic, which serves 17 counties in central Wisconsin, can be contacted at 800-428-5000.
 - o CMN Gunderson Lutheran Hospital, which serves 15 counties in western Wisconsin, can be contacted at 800-853-6889 or http://www.gundersenhealth.org/cmn-hospitals/contact/.
- For clubs in your area, search for "Service Clubs" online or in your phone book. You can also visit http://go.wisc.edu/grants.
- You can contact the Respite Care Association of Wisconsin for additional resources at 1-866-702-7229 or visit them at https://respitecarewi.org/.

Camperships through Easterseals Wisconsin Easterseals Wisconsin offers a limited number of camperships for summer sessions. We require families to provide gross annual income, and to first seek out financial aid from two other sources, such as service clubs and churches. If you are interested in applying for a campership, please request an application by mail (see address in "Private Payers" below) or by email at campadmin@eastersealswisconsin.com.

When requesting a campership or scholarship from a community organization, use a request letter similar to the one shown here:

Sample Campership Request Letter

Dear (Organization):

Easterseals Wisconsin provides a 6-day camp session. Camp is located in Wisconsin Dells, and it is exclusively for people who have disabilities. My (son, daughter, ...) has (medical condition/disability diagnosis) and would benefit enormously from attending the program. I would benefit as well from getting a break from (his/her) need for constant supervision and care. I am trying to find help to raise the money I need so (she/he) can attend camp. The session I want (him/her) to go to will cost me (\$), and I am writing to ask if your organization could help with part or all of this amount.

Thank you for considering my request. Sponsoring my (son/daughter) would make a huge difference for our family! Because campers are accepted on a first-come, first-served basis, we want/need to send in our application as soon as possible. If you could please let me know if you can help me, I would appreciate it. You can call me at (telephone #) if you have any questions.

Sincerely, Your Name Address City, State, Zip Code email

EASTERSEALS WISCONSIN CAMPS POLICIES AND PROCEDURES

CANCELLATIONS

The fee will be refunded if the camp office is notified of a cancellation at least *5 days prior* to the first day of your scheduled session.

STAFF

Each camp has a full-time director, a registered nurse, food service personnel, counselors, activity leaders, and volunteer assistants. The majority of the staff are college students or recent graduates studying or working in occupations related to nursing, teaching or social work. All staff members are carefully screened and receive extensive training.

Easterseals Wisconsin Camps promote a restraint-free environment. Staff and AmeriCorps members are trained in behavior management techniques that are applicable to the camp environment.

Easterseals Wisconsin camp staff are trained to provide assistance with campers' personal needs such as eating, bathing, transferring from their wheelchair, dressing, and toileting. An on-site nurse is available for routine medical care such as dispensing medication, assisting with bowel programs or catheterization, setting up g-tube feedings, and providing for the overall health maintenance of each camper. We do not match male counselors with female campers, but male campers may be cared for by female counselors at times.

Staff are trained to manage the health of all campers by following parental and physician instructions as closely as possible. Parents will be notified by the Easterseals Wisconsin staff about any medical incidents such as illness or injury beyond those requiring basic first aid procedures. The nurses are responsible for providing medical attention, administering medications, and are available as needed. It is important for parents and/or caregivers to provide staff with detailed medical instructions.

CAMPER OBSERVATION FORM

Upon completion of a camp session, each camper receives a report form that is completed by their counselor. This form provides parents and caregivers with a summary of the camper's experience at camp. Parents and caregivers will also receive an evaluation form to help us improve our program.

REGISTRATION

Please Note: Your application WILL NOT BE PROCESSED if you do not complete STEPS 1-17.

After an application has been submitted, an email will be sent to the camper confirming a waitlisted status for the session(s) applied for. If/when a camper has been selected and changes from waitlisted status to registered status for the session(s), an email confirming the registration will be sent. Registered campers will receive a reminder packet by mail two weeks prior to their camp session with a notification of their session drop-off/pick-up times, any balance due, as well as a reminder to submit any medications and additional health history information on Campdoc.com prior to the camp session.

The Medical Examination form will be included with your reminder packet and is available online. If the form is not present within 24 hours of arriving at camp, the camper will be sent home. The Medical Examination form is good for **one year** from the doctor's exam date on the form. Please remember, however, that while a new physical is not required for each session, it is your responsibility to inform Easterseals Wisconsin Camps of any significant changes in physical, medical, emotional, or behavioral conditions that occur between sessions. Medical exam forms must be uploaded to Campdoc.com. Do not mail this form.

REGISTRATION RULES

- 1. A camper will not be allowed to stay at camp if they do not have the necessary signed, completed forms upon arrival at camp.
- 2. A camper's registration is based on the application and medical information on file. Failure to inform us of significant changes may result in denial of camper.
- 3. If the session(s) you applied for are full, your name will be placed on a waiting list, and you will be informed by e-mail. If openings do not occur, any fees that have been paid will be refunded, including the registration fee.
- 4. Campers are registered at the discretion of the Camp Director.

These programs, including the rules for registration and participation, do not discriminate on the basis of age, gender, religion or creed, race, sexual orientation, nation of origin, marital status, or other protected status.

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TO REGISTER: COMPLETE STEPS 1-17 FOR CAMP WAWBEEK OR RESPITE CAMP SESSIONS

If you are unsure which program would best suit your needs, or have any other questions, please contact us at 800-422-2324 or email camp@eastersealswisconsin.com and we will be happy to discuss with you the best fit. It is our goal for each person to have a successful camp experience. **Please complete any Third Party Payment information (agency or organization billing)** and mark which session(s) you would like to attend. Please see our website for more details about our unique programs (listed in bold). Please see camp ratio section on application.

Contact (if	Contact (if any):				
City:					
_ Email:					
ırce is: \$					
• • • • • • • • • • • • • • • • • • • •	•				
		Zip:			
_ Email:		•			
	City:Email: urce is: \$ Additional Payment Source (if applContact (if	City:State:Email: urce is: \$ Additional Payment Source (if applicable)Contact (if any):			

STEP 2: Choose your camp session	ns (for Camp Wawbe	ek see next page)
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RESPITE CAMP SESSIONS: All campers will be assigned to small groups based on their needs with their peers. Respite Camp will provide 1:1 support as needed.

Respite Camp Weekend Sessions (Ages 3+)				
Session Date	Session Date Price			
Oct. 6-8, 2023 Youth (3-18)	\$565			
Nov. 10-12, 2023 Young Adults (15-25)	\$565			
Dec. 1-3, 2023 Young Adults (15-25)	\$565			
Dec. 28-30, 2023 Youth (3-18)	\$565			
Feb. 9-11, 2024 Youth (3-18)	\$565			
March 8-10, 2024 Young Adults (15-25)	\$565			
March 22-24, 2024 Youth (3-18)	\$565			
April 19-21, 2024 Youth (3-18)	\$565			
Total # of Sessions You Would Like to Attend:				

Respite Camp Summer Sessions				
Session Date Price		Choice by Rank		
June 9-14, 2024 Adults (Ages 18+)	\$1550			
June 16-21, 2024 Young Adults (15-25)	\$1550			
June 23-28, 2024 Youth (3-18)	\$1550			
June 30 - July 5, 2024 Adults (Ages 18+)	\$1550			
July 7-12, 2024 Young Adults (15-25)	\$1550			
July 14-19, 2024 Youth (3-18)	\$1550			
July 21-26, 2024 Adults (Ages 18+)	\$1550			
July 28-Aug. 2, 2024 Adults(Ages 18+)	\$1550			
August 4-9, 2024 Youth (3-18)	\$1550			
August 11-16, 2024 Adults (Ages 18+)	\$1550			
I would like to attend:				

would like to attend:	
☐ One Summer Session	
☐ Two Summer Sessions (limit)	

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CAMP WAWBEEK SESSIONS

Campers who typically attend these sessions:

- Campers will be in a group with their peers and assigned a counselor(s).
- Adults age 40+ may register for ANY adult session.
- Campers with diagnosis of autism spectrum disorder are welcome to sign up for any appropriate age sessions, not just the sessions for campers with high-functioning autism.
- Please note: programs of different sessions are indicated in bold and defined as:
- *Transitions: intentional programs for young adults to learn about transitioning from living at home to living more independently. Program focuses on independence or social learning, or financial and job/skills base learning.
- **Pioneer: Campers spend as much time outside as they can. Expect to camp, canoe, fish and hike. Campers must be aware that they will NOT be staying in lodges, but camping outside.
- ***High-Functioning Autism Sessions Campers who attend these sessions have a primary diagnosis of High-Functioning Autism, Tourette Syndrome, OCD, ADD/ADHD, or traits similar to those who do.

Session Date	Price	Choice by Rank
Oct. 20-22, 2023 Transitions* (15-25)	\$475	
Nov. 17-19, 2023 Adults (Ages 18+)	\$475	
Dec. 8-10, 2023 Transitions* (15-25)	\$475	
Dec. 28-30, 2023 Youth (Ages 7-18)	\$475	
Feb. 2-4, 2024 Transitions* (15-25)	\$475	
Feb. 23-25, 2024 HFA*** (15-25)	\$475	
March 1-3, 2024 Adults (Ages 18+)	\$475	
April 5-7, 2024 Transitions* (15-25)	\$475	

Camp Wawbeek Summer Sessions Choice by Price **Session Date** Rank June 9-14, 2024 \$1127 Adults (Ages 18+) June 16-21, 2024 \$1127 Young Adults (15-25) June 23-28, 2024 \$1127 Youth (7-18) June 30-July 5, 2024 \$1127 Adults (18+) June 30-July 5, 2024 \$1127 Pioneer** (18+) July 7-12, 2024 \$1127 HFA*** (15-25) July 14-19, 2024 \$1127 Youth (7-18) July 21-26, 2024 \$1127 Older Adults (40+) July 21-26, 2024 \$1127 Pioneer** (18+) July 28-Aug. 2, 2024 \$1127 **Adults (18+) / Transitions* (15-25)** I would like to attend: ☐ One Summer Session

☐ Two Summer Sessions (limit)

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All important information relative to the camper's health and well-being should be on the application. Please DO NOT rely on verbal instructions at the time of registration to communicate important information about your camper.

STEP 3: CAMPER INFORMATION

Camper Name:	2023-2024 Page 8 of 13
STEP 4: Emergency Contact #1 (first point of contact):	Emergency Contact #2 (second point of contact):
Name:	Name:
St:Zip:Phone:	St:Zip:Phone:
Work Ph:Email:	Work Ph:Email:
STEP 5: The following three releases MUST be s WILL NOT be processed. You are ultimately responsible for all payment obligations arising these services. You are responsible for fees indicated by your ful otherwise paid by supplemental funding. By signing this guarantee	igned by parent/guardian/camper or application from your camping experience and guarantee payment for nding source and/or our FINANCIAL POLICIES, which are not see as the Financially Responsible Party, you hereby guarantee for the Camper, whether currently existing or for registration and enses, legal or otherwise, incurred by Easterseals Wisconsin in
(1)REQUIRED Signature of Parent/Guardian or Adult Camper (If Printed Name:	
Easterseals Wisconsin Camps 2023-2024 camp sessions, locate camper I hereby release and waive any claim or cause of action or any other person acting with permission arising out of any injursession, in transit to and from said session, or during any activity. The information on this form is accurate and complete to the best to engage in all camp activities except as noted. I hereby give percare under the guidance of the camp's medical director, administrate treatment including ordering x-rays or routine tests. I agree to the or insurance purposes. I give permission to Easterseals Wisconsin to arrange necessary above. In the event I cannot be reached in an emergency, I here secure and administer treatment, including hospitalization, for the authorization before affixing my signature below, and warrant that (2)REQUIRED Signature of Parent/Guardian or Adult Camper (If	d in Wisconsin Dells. In consideration of registration for the which may occur against Easterseals Wisconsin and employees by to his/her person or property during his/her stay at the approved by and of said persons for injury as herein stated. It of my knowledge. The person herein described has permission to remission to Easterseals Wisconsin to provide routine health the er prescribed medications, and seek emergency medical to release of any records necessary for treatment, referral, billing, appropriation for the person named by give permission to the physician selected by the camp to the person named above. I have read the foregoing release and to I fully understand the contents thereof.
Printed Name:	Date:
	dings made by Easterseals Wisconsin that may be used by for the purpose of illustrations or broadcast in connection of the aforementioned media may include publication on com. To ensure my child's or my privacy, Easterseals Wisconsin erseals Wisconsin organization where services were received. It which may include posting on social media sites such as any my signature below, and warrant that I fully understand the

Camper Name: 2023-2024 Page 9 of 13

STEP 6: HEALTH HISTORY Applications that do not specify a Primary Diagnosis will NOT be processed. Age: _____ Weight/lbs.: _____ Height: _____ **REQUIRED:** Primary Diagnosis (medical, no abbreviations): Secondary Diagnosis (if any): Other conditions or concerns (including psychiatric): Allergies: Medication: _____ Environment or Animals: Food: Comments/Allergy Reactions: Seizure Disorders: ☐ Does Not Apply ☐ Tonic-Clonic (Grand Mal) ☐ Non-Convulsive (Petit Mal) ■Psychomotor ■ Nocturnal ■ Mixed Typical Length of Seizure: Typical Seizure Frequency: Known Triggers, PRN Medications (if any) and protocol to follow if seizure occurs at camp: *Medication Information: Does camper currently take prescription medications? ☐ Yes ☐ No Has camper received all routine vaccinations? ☐ Yes ☐ No *Provide list of vaccinations on CampDoc **Respiratory Conditions:** Does the camper have either of the following?* *If answering yes to either of these questions, please anticipate a call from our nurse to further assess the degree of care needed for Tracheostomy: ☐ Yes ■ No Ventilator: ☐ Yes ■ No your camper. If camper has not received COVID vaccination, educational info can be accessed on the CDC website: https://www.cdc.gov/vaccines/covid-19/hcp/index.html Does the camper have a history of: Yes No Asthma 1 2 **Bleeding Disorders** Hepatitis A, B or C 3 Diabetes? Please provide type here: Treated w/ meds? ☐ Y ☐ N Insulin dependent? ☐ Y ☐ N Glucose Monitoring? ☐ Y ☐ N 5 Skin Breakdown (bed sores) Frequent Headaches - requiring medication? 6 7 Diarrhea - chronic 8 Constipation - chronic 9 Abnormal Menstrual Cycles 10 Problems with Joints Problems Sleeping - chronic 11 12 Equipment (C-PAP, BiPap, percussion) Other: 13 Please explain any "yes" answers from above. List the number before explanation. *Routine Medications per day: ☐ None scheduled ☐ 1-5 meds ☐ 5-10 meds ☐ Greater than 10 meds ■ Meds @ off times ■ Meds admin. by diff. routes ■ Meds by G-tube ■ Treatments admin. @ med pass *Emergency Meds: None anticipated w/5 min. response time w/ less than 5 min. response time *Routine Medical Treatments: ■None or 1 per session ■Planned 1-2 x per session ■Planned 1 x daily

□ Planned 2x daily □ High level beside care Comments:

Camper Name:		202	3-2024 Page 10 of 13
	TEP 7: INSURAN	CE INFORMATION	Ü
Family Medical/Hospital Insurance Carrier:		Group:	
		Medicare #:	
		nysician's Phone: ()	
STEP	8: MOBILITY AND	SPECIAL APPLIANCES	
Indicate all that apply to camper. Pleas	se notify camp of mol	bility changes before camper arrives to	camp.
■Walks/Runs Independently ■ Use	es Walker/Crutches/0	Cane 🔲 Wears AFOs or Braces 🔲 Pi	rosthesis
☐Uses Wheelchair: ☐Manual ☐Power	When: ☐ For Long D	Distances 🗖 At All Times Who Maneuve	rs: □Self □Others
Mobility Comments:			
☐ Camper presents as a fall risk or his	story of falls		
	TEP 9: TRANSFI	ER INFORMATION	
	For campers who	use a wheelchair	
☐Transfers Independently ☐Standb	y Assistance Piv	ot (1 person) 🗖 Two Person 🗖 Hoye	er Lift *
□Other/Comments:			
*We only use Hovers brought from	 n the Camper's home	e program. Otherwise, we employ 2-pe	rson transfers.
, , , ,	•	MUNICATION Examples/Com	
Best way to communicate expectation			
		ntences Understands 2-3 word phra	
☐ Uses single words ☐ Understands s	-	·	
•	-		
Uses adaptive systems such as a c	ommunication board		
		cts as facilitator?)	
,	STEP 11: N		
Food Allergies:			
Food Dislikes:			_
		ng campers own food: ☐ Yes ☐ No ^{*No}	fee reduction for camper
		Similar Simila	
Is camper able to indicate the amount			
Camper can use: ☐ Fork ☐ Spoon ☐	Knife Uses Specia	al Utensils (please label and bring to ca	mp)
☐ Takes Portions Independently ☐ N	eeds Food Cut D	Prinks from Cup ☐ Uses Straw	
•)	
		Salt □ Low Calorie □Low/No Sugar □	Other
		G-tube for hydration? □Y □N To ad	
		·	

Camper Name:				2023-2024 Page 11 of 13
STE	P 12:	TOILETING	SHOV	VER
Please bring all supplies and/or equipment (e.g. bed	pan, briefs, v	wipes, e	tc.) for the week.
☐ Uses toilet independently ☐ Needs to be	remind	ed		
■Needs some assistance using the toilet				
☐ Uses the toilet on a schedule (what is the	schedul	e?)		
☐ Does not use toilet at all (uses incontinent				
☐ Uses catheterization, enemas, suppositor Please describe schedule:		•		□Yes □No
■ Is independent in menstrual care (if applic				
How does he/she let you know the need to g				
Camper needs assistance with: ☐Shampoo				
■ Needs complete assistance in the showe Comments:	r 🗖 Ne	eeds verbal o	cues 🗖	Camper can shower independently
	STEP	13: DRES	SING	
☐ Has no difficulty dressing ☐ Can choose	own clo	othes		
Can put on: ☐underwear ☐socks ☐shi	irt 🗖 pa	ants		
Can: □button □snap □zip □tie shoes	;			
☐ Can undress partially? ☐ Undress compl	etely?	☐ Needs ass	sistance	dressing Needs complete assistance
Please describe what assistance is needed	to (un)dı	ess:		
Camper's typical bedtime: Does camper need a hospital bed? Please describe bedtime routine at home: Does camper typically sleep through the nig Does camper require special care during the If yes, please explain:	INo Do ht? □Ye	es camper n es □No	eed a b	ed rail? □Yes □No
STEP 15: BEHAVI Please indicate how often, if ever	•			
	Never	Sometimes	Often	Explain/Details
Has good manners	İ			
Enjoys social gatherings				
Does not like to be touched				
Prefers to be alone	 			
Runs away, darts/needs continuous direction	 			
·	-			
Shouting/swearing	-			
Inappropriate sexual behavior				
Grabs others				
Scratches, pinches or hits				
Bites others	<u> </u>			
Self abuse/harm				
May pose physical safety risk to self/others	1	1		1

Camper Name:				2023-2024 Page 12 of 13	
	Never	Sometimes	Often	Explain/Details	
Tends to get along with peers			Ì		
Has experienced bullying in the past					
Has bullied others					
Please describe camper on their best day:_					
Please describe camper on their worst day:					
What is the best way to set boundaries with					
Does camper do well in close proximity with					
* *				ler to maintain consistent management. Please s on an additional piece of paper.	
Please describe in detail these or any other	challenç	ging behavio	ors we sh	nould know about	
What usually triggers challenging behaviors	i?				
What are effective responses to challenging	j behavid	ors? (indicate	if more th	nan one staff needs to be present when agitated)	
What are two or three effective rewards?					
Are there any ADLs (activities of daily living	/program	ns) to be cor	ntinued a	ut camp?	
	STEF	16: ACTI	VITIES		
☐ Camper swims well ☐ Camper cannot s	swim, bu	ıt will go into	water		
☐ I am unsure how he/she does in the poo	ol □ Fe	ars water (a	nd/or)	☐ Will not get into water willingly	
☐ Needs to wear a life jacket at all times (■ Needs to wear a life jacket at all times (mark this item if camper has a seizure disorder)				
☐ Camper has very sun-sensitive skin ☐	Somew	hat sun-sen	sitive ski	n ■Skin is not sun-sensitive	
Some favorite outdoor activities are:					
☐ Camper has good fine motor skills ☐ C	Camper h	nas poor fine	e motor s	skills Needs hand-over-hand assistance	
Please list any indoor games/activities that	the cam	per particula	rly likes	(playing cards, painting, etc).	
Activities camper does not like are:					
Please describe fears, likes, dislikes, or hab you may have for assisting the camper's sm	its that y		ıld be he	lpful for the staff to know. Any suggestions	

Camper Name: 2023-2024 Page 13 of 13