



# LUWISOMO

## Joyful Hearts Camper Information

Camper \_\_\_\_\_  
Last Name First Name Middle Name Date

Information Provided By \_\_\_\_\_  
Name Relationship Phone

### 1. Faith

Is camper able to grasp simple religious concepts?  No  Yes  
Attends Church  Never  Sometimes  Regularly | Attends Bible Class  Never  Sometimes  Regularly

### 2. Living Situation

Family Home  Group Living Facility  Adult Family Home  Independent Apartment  
If living in the family home, does camper have siblings?  No  Yes  
If yes, how many and ages? \_\_\_\_\_

### 3. Camping Experience

Has camper been away from home overnight before?  No  Yes  
Does camper have previous camp experience?  No  Yes - When & where? \_\_\_\_\_

### 4. Disability Details

Fully describe camper's disabilities and degrees of challenge  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. Communication

Able to communicate using speech  Good  Fair  Poorly  
Uses sign language  No  Yes  
Uses adaptive communication skills or devices  No  Yes, List \_\_\_\_\_

### 6. Assistance Needs

A.D.L. Skill	Fully Independent	Needs Verbal Prompts	Needs Physical Assistance	Dependent	Details of Prompts or Assistance Needed if Not Fully Independent <i>(Attach detail page if more space needed)</i>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### 7. Enuresis

Is camper troubled with enuresis (bed wetting)?  No  Yes | Requires briefs  No  Yes

**8. Bathroom Communication**

What words, signs, or motions does the camper use for bathroom? \_\_\_\_\_

**9. Bowel Movements**

Frequency \_\_\_\_\_

Easily constipated?  No  Yes - What do you recommend \_\_\_\_\_

**10. Activities / Swimming**

Does the camper swim?  No  Yes | Is the camper afraid of the water?  No  Yes

Any physical restrictions regarding camp activities \_\_\_\_\_

**11. Diet**

Food or drink camper is unable/unwilling to eat or drink \_\_\_\_\_

**12. Sleep**

What time does camper rise? \_\_\_\_\_ Retire? \_\_\_\_\_ Sleep Habits? \_\_\_\_\_

Night light required?  No  Yes | Can camper handle a top bunk?  No  Yes

**13. Health**

Ever tested positive for Hepatitis?  No  Yes - When? \_\_\_\_\_ Hepatitis carrier?  No  Yes

How is medication taken?

In applesauce  Crushed  On a spoon  Placed in hand  Placed in cup  One at a time  All at once

Does camper ever refuse to swallow medication?  No  Yes

**14. Seizures**

No  Yes – Last seizure date \_\_\_\_\_ Describe seizures \_\_\_\_\_

Signs or symptoms of coming seizure \_\_\_\_\_

**15. Assisting Devices**

Hearing Aid  No  Yes Setting \_\_\_\_\_ Frequency of Battery Change \_\_\_\_\_

Glasses  No  Yes | Splints  No  Yes | Dentures/Partials  No  Yes | Vagal Nerve Stimulator  No  Yes

Other Devices \_\_\_\_\_

**16. Group Participation**

Is camper able to interact appropriately in a group setting?  No  Yes

Is camper able to participate in an activity for a minimum of 5 minutes with little re-direction?  No  Yes

Comments \_\_\_\_\_

**17. Does camper have any particular fears?** \_\_\_\_\_

**18. Explain any behavior problems and the best form of redirection**

\_\_\_\_\_  
\_\_\_\_\_

**19. Share additional information about camper. Include family, hobbies, recreation, likes/dislikes, personality, or anything else that will enable our team to better know / understand the camper. Use additional page if needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_