St. Mary's Summer Camp • Special Needs Information / Consideration Form

Camper Name: _____ **Parent(s) Name(s):** _____

Date of Birth: _____ **Age:** _____ **Grade:** ____ **Contact Telephone:** _____

Please consult the **Special Needs Grid** through the St. Mary's website www.stmaryscamp.com to complete the following table and note your child's Independence Level for each activity / skill. If your child *is not fully independent*, discuss what assistance is needed.

Activity / Skill	Independence Level (see Grid)	Assistance needed
Dressing / grooming / hygiene / showering	__ Independent __ Requires Assistance __ Dependent	
Communication	__ Independent __ Requires Assistance __ Dependent	
Toileting (includes wiping)	__ Independent __ Requires Assistance __ Dependent	
Sleeping	__ Independent __ Requires Assistance __ Dependent	
Taking medication	__ Independent __ Requires Assistance __ Dependent	
Eating	__ Independent __ Requires Assistance __ Dependent	
Social Interaction	__ Independent __ Requires Assistance __ Dependent	
Group instruction	__ Independent __ Requires Assistance __ Dependent	
Sports/physical activities	__ Independent __ Requires Assistance __ Dependent	
Cooperation / Attention	__ Independent __ Requires Assistance __ Dependent	
Behavior management	__ Independent __ Requires Assistance __ Dependent	

Does your child have any health, physical or mental health diagnoses? YES NO

If YES, please list all. _____

Does your child have an IEP? YES NO

If YES, for which disability categories (e.g., DCD, ASD, EBD, SLD, VI, HI, OHD, SMI)? Please include OT and DAPE supports if applicable. _____

Does your child work with a Para Professional at school? Yes NO

What percentage of time is spent in pull-out programming during the school day? _____

Describe the level of supervision your child needs to participate in camp activities.

None Some Moderate Full (1-1 by an adult)

What additional services do you anticipate for your child to attend camp? (Please use back of form, if necessary).

To what extent are you willing to support your child coming to camp?

Extra Costs: Yes No Alternate Living Space: Yes No Supervise yourself: Yes No

Provide PCA: Yes No Provide Counselor: Yes No Other: _____

What is your goal in having your child attend St. Mary's Camp? (Please use back of form if needed)

I agree that the above information is accurate to the best of my knowledge.

_____ _____ _____

Name Signature Date

The Camp Special Needs Committee will meet to review your request and will try to accommodate special needs requests, within reason.