

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

<b>Camper Name:</b> _____ <b>Gender (M/F):</b> _____	<b>Date of Birth:</b> _____ <b>Age:</b> _____ <b>Grade:</b> _____
<b>Parent Name:</b> _____ <b>Parent Name:</b> _____	<b>Contact Telephone:</b> _____ <b>Contact Email:</b> _____
<b>Home Parish (name):</b> _____	<b>Home Parish (City/State):</b> _____

Please consult the **Special Needs Grid** through the St. Mary's website [www.stmaryscamp.com](http://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. \_\_\_\_\_

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

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?

Any additional information important for us to know? (Please use back of form if needed).

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date