



1725 Hermitage Blvd. Tallahassee, FL 32308 ♦ (850)325-6301 ♦ Fax: (850)325-6302

## - Camper Profile -

We have outlined questions below that will help us better understand and structure activities to meet your child's needs. Our camp is modeled on a therapeutic approach that uses everyday opportunities to achieve skills in the natural setting.

**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Choose an enrichment focus:**  Social skills  Academic  Physical (gross and fine motor)

**FINE MOTOR CONCERNS:** \_\_\_\_\_

**DEVELOPMENTAL CONCERNS:** \_\_\_\_\_

### **SENSORY CONCERNS: PLEASE CHECK ALL THAT APPLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Dislikes clothing tags/ seams                | <input type="checkbox"/> Avoids getting messy                             |
| <input type="checkbox"/> Dislikes being held or touched               | <input type="checkbox"/> Dislikes swings/playground equipment             |
| <input type="checkbox"/> Becomes anxious when feet leave the ground   | <input type="checkbox"/> Avoids eye contact                               |
| <input type="checkbox"/> Withdraws from bright/flashing lights        | <input type="checkbox"/> Dislikes noisy environments                      |
| <input type="checkbox"/> Holds hands over ears to protect from sounds | <input type="checkbox"/> Limited food choices                             |
| <input type="checkbox"/> Doesn't like teeth brushing                  | <input type="checkbox"/> Resists certain textures: (please describe)_____ |

Does your child need assistance eating? Yes  No

Please describe the type of assistance needed and list any adaptive equipment that you will bring for eating.

How does your child express his/herself? (Sounds, one word, phrases, gestures, signing, sign board, etc.)  
What can we do to help him/her communicate?

What are your child's strengths? Please identify different activities or skills he/she does very well.





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Does your child need assistance going to the bathroom? What is your child's typical bathroom schedule?

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Please tell us any additional information that will help us ensure your child has the best experience possible.

## **Interests**

Movies/TV Shows \_\_\_\_\_

Sports/Games \_\_\_\_\_

Hobbies \_\_\_\_\_

Music \_\_\_\_\_

Other Interests \_\_\_\_\_





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## **Behavior**

Please assist us in learning about your child by indicating which of the following behaviors may pertain to him/her. Also, please provide an explanation of what circumstances may cause the behavior and what you typically do to remedy the situation when a behavior arises.

<b>Behavior</b>	<b>Circumstances</b>	<b>Remedy</b>
Biting:		
Spitting:		
Frequent Crying:		
Screaming:		
Pushing:		
Kicking:		
Pinching:		
Hitting:		
Withdrawing:		
Running Away:		
Self-Injurious Behavior:		
Throwing Objects:		
Hugging/Kissing:		
Hoarding/Packing Food:		
Repetitive Behavior:		

