

**CAMP HOPE**  
**CAMPER INFORMATION FORM**  
 For Use By Counselor

CAMPER'S NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

This form must be completed by parent/guardian and mailed with the application fee, application and medical information forms by registration deadline (May 3). This form will be used by the counselor to determine the campers' abilities and limitations. Please complete to the best of your knowledge. The more information you can share with us, the better we will be able to meet the needs of everyone. **Thank you** for your cooperation and interest in Camp HOPE.

Camper Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

RESIDENTIAL SETTING:  Family  Foster Home  Group Home  Institution  Own Apartment

List names of those living in the home with camper. \_\_\_\_\_

Does camper get along with :

authority figures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
people his/her age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
older people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
younger people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mobility - please check all that apply.

Normal walking  Slow walking  Unsteady walking  No walking  
 Cane  Crutches  Braces: when they are worn  
 Wheelchair  Walker  
 Other information concerning mobility \_\_\_\_\_

Sleeping - please check all that apply.

Sleeps through the night  Has nightmares  
 Camper wets the bed:  Never  Occasionally  Frequently  
 Please explain how bedwetting is handled. \_\_\_\_\_

Communication - please check all that apply.

Normal speech  Sign Language  
 Impaired speech  Hearing Aids  
 No speech  
 Please describe any fears the camper may have. \_\_\_\_\_

Eating - please check all that apply. Please NOTE: Camp HOPE is unable to prepare special diets.

Eats independently  Needs help eating  Needs food cut up  
 Has trouble swallowing:  solid foods  liquids  
 Needs to eat:  chopped food  pureed food  
 Needs to be fed:  some food  all food  
 Uses straw for liquids  
 Camper's appetite is:  Poor  Normal  Overeats  
 Is individual diabetic?  Yes  No If yes, specify diet restriction/modifications:  
 \_\_\_\_\_

Please note: Camp staff will make every effort to monitor the amount of food/liquid served to the camper. However, the camp may not be able to adhere to general weight restricting diets.

Personal Care & Hygiene - Check areas camper can independently care for, if not, please describe help needed:

Dressing \_\_\_\_\_  
 Showering/Shampooing \_\_\_\_\_  
 Brushing teeth \_\_\_\_\_  
 Shaving(men) \_\_\_\_\_  
 Using toilet \_\_\_\_\_  
 Menstruation \_\_\_\_\_  
 Makes own bed \_\_\_\_\_  
 Tie shoes \_\_\_\_\_

Does the camper wear: Glasses?  Yes  No Hearing Aids?  Yes  No  
 Dentures?  Yes  No Diapers?  Yes  No

**Personality and behavior - please check all that apply.**

- |                                    |                                  |                                       |                                      |
|------------------------------------|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Passive | <input type="checkbox"/> Friendly     | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Stubborn  | <input type="checkbox"/> Active  | <input type="checkbox"/> Sensitive    | <input type="checkbox"/> Aggressive  |
| <input type="checkbox"/> Tantrums  | <input type="checkbox"/> Helpful | <input type="checkbox"/> Sociable     | <input type="checkbox"/> Inquisitive |
| <input type="checkbox"/> Quiet     | <input type="checkbox"/> PICA    | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Depressed   |

Please describe any of the above or any other unusual behaviors to watch for. Also detail any behavior modification techniques that you recommend for dealing with specific behaviors.

Does the camper wander?  Yes  No

If yes, describe the behavior and recommendations for handling the situation.

**Program Information**

What activities does the camper enjoy?

What activities does the camper NOT enjoy?

Does camper sunburn easily?  Yes  No Describe restrictions.

Is the camper allergic to bee stings or other insect bites?  Yes  No Describe reactions and treatment.

Should the camper avoid exertion due to heart or other health issues?  Yes  No

Please describe any allergies or health concerns that might hinder the camper's participation in the program.

Is the camper easily excited?  Yes  No If yes, please explain.

How does the camper display anger or frustration?

If needed, what behavior modification technique works best? (E.g. firmness, withholding privileges, etc.)

Does the camper have fears or anxieties of which you are aware? Please explain.

Does the camper have special behavior patterns which we should understand. Please explain.

What is the camper's awareness of and/or understanding of the existence of God and Jesus? Is the camper able to understand Bible stories?

Does the camper read?  No  Yes At what grade level?

Please share additional information that may be helpful in dealing with the camper during the week such as a tendency to wander away, tendency to get into things, tendency to pout, etc.

\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
Relationship to camper

\_\_\_\_\_  
Date