

Mansfield Parks and Recreation Department

Camp Mansfield Special Assistance Form

Grade Entering, Fall 2020

Camp/Session Requested

To be completed by camper's Parent or Guardian—Please give us as much detail as possible to help your child have the best camp experience possible. Thank you.

Name: _____ Phone _____

Address: _____ Age _____

Primary need for support/special assistance: _____

Primary medical diagnosis/disability (i.e. Downs Syndrome, ADD): _____

Secondary medical diagnosis/disability (if any): _____

Skills Checklist

Self-Help Skills

		Independent	Needs Verbal Reminder or Direction	Needs Physical Assistance
1	Uses toilet appropriately			
2	Asks to go to the toilet			
3	Washes hands and face			
4	Eats lunch without difficulty			
5	Dresses self			
6	Ties shoes			
7	Can button and zipper			
8	Walks independently			
9	Can tell time to hour			
10	Knows days of the week			

Comments/suggestions to your child's counselor concerning how to best support your child with Skills 1-10:

Communication

		Usually	Sometimes	Never
1	Engages in verbal conversation			
2	Expresses self by sign language			
3	Uses understandable speech			
4	Recognizes name when called			
5	Recognizes name in print			
6	Follows one-step directions			
7	Follows two or more step directions			
8	Knows basic colors and shapes			
9	Knows numbers 1-10			

Comments/suggestions to your child's counselor concerning how to best support your child with communication 1-9:

Social Behavior

		Usually	Sometimes	Never
1	Feels secure in new situations w/reassurance			
2	Responds to directions from known authority figure			
3	Has reasonable control of feelings—appropriately verbalize/signs feelings			
4	Able to tolerate various group activity situations			
5	Shouts or becomes angry in peer interactions			
6	Responds and follows directions in groups situation			
7	Interacts/plays safely with peers			
8	Displays temper tantrum whenever annoyed or frustrated			
9	Displays aggressive behavior when angry, upset, frustrated			
10	Destroys Property			

Comments/suggestions to your child's counselor concerning how to best support the camper with socialization (i.e. reinforcements, intervention, behavior plan), 1-10.

Recreation Interests

	Likes	Dislikes	Never Tried
Canoeing			
Swimming			
Arts & Crafts			
Sports:			
Soccer			
Basketball			
Kickball			
Baseball			
Frisbee			
Tennis			
Group Games			
Nature Activities			
Hiking/Walks			
Quiet Games			
Archery			
Music			
Dancing			

Please list any additional recreational hobbies or interests or other information helpful to your child's counselor:

The above information is correct so far as I know at date of completion

Signature of Person Completing Form

Date

Printed name of signature above

Relationship to camper