



Accommodations Form

Year _____

Please answer the following questions as completely as possible.
If there is something that does not apply to your child feel free to write N/A.

Camper's Name _____ Birthdate _____

Parent/Guardian Name(s): _____

Type of school program (i.e. General Education, Special Day Program, etc) _____

Does your child have any formal diagnoses? If yes, list them here:

Please describe your how your child's physical/ intellectual needs affect their daily functioning:

Please describe any accommodations/ services your child currently receives at school/home:

Camp Activities

Has your child ever attended camp before? _____

If yes, please list the camps: _____

At Cali Camp we swim everyday. Please describe your child's swimming abilities:

Does your child have any fear of animals such as dogs, horses, or farm animals? _____

Has your child ever ridden on a school bus? _____

Socialization

How does your child communicate their needs?

What works best in helping your child follow directions?

Please describe your child's social skills and relationships at home and school:

Please list any behavior that might affect their functioning in the camp group, including non compliance, hitting or biting, tantrums, excessive restlessness, or wandering:

Does your child have an Individualized Education Plan (IEP) with a Behavior Support Plan? _____
If yes, describe the target behavior, and what interventions have been identified to assist:

Does your child utilize any self-soothing skills independently (i.e. requesting a personal time out, asking to take a walk), Please explain:

Medical / Physical

Does your child use any mobility assistance such as a wheelchair or walker? _____

Does your child use any assistive/adaptive devices (helmet, touch talker, hearing aid) _____

Will your child need assistance with toileting or bathing? _____ If yes, please explain:

Will your child need assistance with dressing? _____ If yes, please explain:

Will your child need assistance with eating lunch? _____ If yes, please explain:

Please list all medications your child is currently taking as well as the dosage and purpose of each medication:

Please list any medications your child will need to take during the camp day, the timing and any necessary details:

Is there anything else it would be helpful to know regarding your child's medical/ physical needs at camp?

Assistance

Does your child require adult assistance (traditionally referred to as a one-to-one, shadow or aide) at home/school ? _____ If yes, please describe (i.e. where and when):

Do you plan to send a 1-1 aide with your child to camp? _____ If so please list their name, contact information, how you sourced them for your child, and if they are connected to any agency's or regional centers:

Anything else we should know that will assist us in successfully including them in the camp program and environment? Please also list any goals you have for them at camp.
