

Inclusion Assessment Form – Camp Sealth Outdoor Connections

The information provided on this form is confidential. It will be shared on an as-need basis only with those staff working most closely with your child. Please help us provide the best possible experience for your child by being thorough and honest in this assessment. Any additional notes or instructions can be sent directly to the Camp Director at carriek@campfireseattle.org. Contact us at 206 463 3174 ext. 35 if you have any questions.

About Your Child

What is your child's favorite:

Subject in school: _____

Hobbies/interests: _____

Sport to play or watch: _____

TV show or movie: _____

Does your child have any unique talents/skills? _____

Disabilities/Diagnoses

Has the child been diagnosed with or treated for any of the following:

- | | | |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Learning disability | |
| <input type="checkbox"/> Depression | | |

Does the child have any physical disabilities, medical conditions, or mobility limitations that might affect their activities while at camp? _____

Has the youth seen a mental health professional in the past year? Yes No

Any home, family, or life circumstances that Camp Sealth staff should know about? _____

School Information

Name of school currently attending: _____

Does the child have an IEP: Yes No

What supports or services, if any, does the child receive at school? _____

What challenges, if any, does the child face at school? _____

Medication

List any medications the child is taking for emotional/behavioral purposes, or medications that may impact behavior/attention: _____

Personal Care

For each of the following, describe your child's ability to handle personal care tasks:

	Completely Independent	Needs Reminders	Needs a Little Assistance	Needs a Lot of Assistance
Tying Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything additional we should know about your child's personal care needs? _____

Adjusting to the Camp Environment

How does the child handle new environments & situations?

- Very well
- Fine after some adjustment
- Needs a lot of time to adjust
- Does not handle new situations well

Is your child a picky eater? Yes Somewhat No

What are the child's favorite foods? _____

Least favorite foods? _____

Do you have any other concerns about how your child will adjust to the camp environment? _____

Communication

Does the child have any limitations in communication with peers or adults? Yes Somewhat No

If yes, explain: _____

Emotional/Behavioral Characteristics:

Rate the child's ability for each of the following:

	Always	Usually	Sometimes	Rarely	Never
Pays attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions from adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves conflict respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with group tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses respectful language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares personal space and belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can follow an established schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles transitions between activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays with the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can control actions when angry or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can calm self down when angry or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the child ever had a problem with any of the following:

- Running away
- Swearing
- Tantrums
- Hitting/kicking
- Bullying
- Substance abuse
- Biting
- Being bullied
- Self-harm
- Violence
- Name-calling

Describe any problems listed above, or any other behavior challenges: _____

Are there any particular triggers that we should be aware of that can cause behavior problems? _____

Strategies and Goals

Describe any strategies you have used with the child to successfully cope with any challenges: _____

What strategies have you found that are *not* successful? _____

What goals do you and the child have that we can work on at camp? _____

Is there anything else we have not asked about that would help us better support your child at camp? _____
