

2019 ADAPTIVE CAMPS - Supplemental Registration Information

GEORGETOWN PARKS AND RECREATION

CAMPER INFORMATION

LAST NAME	FIRST NAME	AGE	GISD CAMPUS	MAIN CONTACT NAME
ADDRESS	CITY	STATE	ZIP	MAIN CONTACT PHONE

MOBILITY	EATING / DIET	DIAGNOSIS
<input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> WALKER <input type="checkbox"/> NO ISSUES ADDITIONAL COMMENTS: _____ _____ _____	PLEASE LIST SPECIAL INSTRUCTIONS REGARDING EATING AND DIET: _____ _____ _____	PRIMARY DIAGNOSIS: _____ SECONDARY DIAGNOSIS: _____ _____

SKILLS ASSESSMENT: CHECK ALL THAT APPLY.

COMMUNICATION: <input type="checkbox"/> UNABLE TO COMMUNICATE NEEDS AND WANTS <input type="checkbox"/> COMMUNICATES USING BASIC SIGN <input type="checkbox"/> COMMUNICATES WITH GESTURES, SIGNS, NON-VERBAL <input type="checkbox"/> USES ONE OR TWO WORD STATEMENTS <input type="checkbox"/> COMPLETE VERBAL COMMUNICATION ADDITIONAL COMMENTS: _____ _____	RECEPTIVE LANGUAGE: <input type="checkbox"/> RECOGNIZES NAME WHEN CALLED <input type="checkbox"/> REACTS WHEN SPOKEN TO <input type="checkbox"/> RESPONDS TO ONE STEP DIRECTIONS <input type="checkbox"/> RESPONDS TO DIRECTIONS WITHIN A SMALL GROUP ADDITIONAL COMMENTS: _____ _____ _____	RESTROOM INDEPENDENCE: <input type="checkbox"/> WEARS DIAPER <input type="checkbox"/> INDICATES NEED TO USE THE RESTROOM <input type="checkbox"/> USES TOILET INDEPENDENTLY <input type="checkbox"/> USES TOILET WITH ASSISTANCE <input type="checkbox"/> NEEDS REMINDERS TO USE RESTROOM ADDITIONAL COMMENTS: _____ _____
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SOCIAL BEHAVIOR / PERSONALITY - CHECK ALL THAT APPLY

WILL PLAY & INTERACT WITH OTHERS
 IS TOLERANT OF OTHERS, NOT EASILY AGITATED
 SHY
 FRIENDLY
 WILL SIT QUIETLY TO WATCH A PROGRAM
 WILL PLAY & INTERACT COOPERATIVELY WITHIN A GROUP
 EASILY AGITATED
 COMMENTS:

BEHAVIOR MANAGEMENT

PLEASE LIST ANY BEHAVIORAL MANAGEMENT TECHNIQUES USED AT HOME OR SCHOOL TO HELP ELIMINATE OR REDUCE NEGATIVE BEHAVIOR.
