

# SKILLS CHECK SHEET

To be completed by a parent, caregiver or adult participant

*The League ~ Camping & Therapeutic Recreation*

1111 E. Cold Spring Lane, Baltimore, MD 21239 ~ 410-323-0500

Participants Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Disability (please describe): \_\_\_\_\_

**MOBILITY**    \_\_\_ Ambulatory; \_\_\_ Ambulatory with cane or walker  
 \_\_\_ Uses wheelchair: \_\_\_ Manual, \_\_\_ Electric, \_\_\_ Both; Can transfer \_\_\_ yes, \_\_\_ no  
 Comments:

<b>DRESSING</b>	Independent	Needs Verbal Prompts	Needs Physical Assistance	Comments
- Can unpack/pack self				
- Dresses self				
- Can tie shoes				
- Can button and zipper				
- Can tell between clean & dirty clothes				

<b>SHOWERING</b>	Independent	Needs Verbal Prompts	Needs Physical Assistance	Comments
- Takes a shower				
- Shampoos hair				
- Dries off				
- Maintains body cleanliness				
- Brushes teeth				

<b>TOILETING</b>	Independent	Needs Verbal Prompts	Needs Physical Assistance	Comments
- Use toilet appropriately				
- Asks to use the toilet				
- Can wipe				

Wears depends: \_\_\_ yes, \_\_\_ no; If yes, when are they worn?

Has a bathroom schedule: \_\_\_ yes, \_\_\_ no; If yes, describe:

<b>FEEDING</b>	Independent	Needs Verbal Prompts	Needs Physical Assistance	Comments
- Is able to use a fork				
- Is able to use a spoon				
- Is able to use a knife				
- Is able to eat finger food				
- Drinks from a glass				

Has the ability to eat a full serving: \_\_\_ yes, \_\_\_ no; If no, please describe:

Adaptive equipment is used to eat (please send):

Food Allergies:

Special dietary restrictions:

Dislikes:

**NIGHT TIME ROUTINE** Sleeps through night (Note: there is NO awake 3<sup>rd</sup> shift): \_\_\_ yes, \_\_\_ no; if no describe irregularities in sleeping habits:

**COMMUNICATION** Communicates verbally: \_\_\_\_ yes, \_\_\_\_ no; if no, what means/methods are used to communicate:

Will ask for assistance by:

What type of adaptive methods/devices are used to communicate (please bring to camp):

**BEHAVIORAL INFORMATION** Is able to occupy themselves during free time: \_\_\_\_ yes, \_\_\_\_ no; if no, what type of supervision is needed during free time:

When angry what does he/she do? How often does it occur? What are the antecedents? How do you redirect behaviors? Please describe:

Has a behavioral support plan at school or home: \_\_\_\_ yes, \_\_\_\_ no; **if yes, please attach.**

Has been restrained: \_\_\_\_ yes, \_\_\_\_ no, if yes when did this last happen and what where the circumstances?

Reinforcers for positive behavior:

**HORSEBACK RIDING** This is only offered during our summer camp program. An additional "Horseback Riding Permission" form must be filled out prior to the summer in order to ride. The League reserves the right to determine if a participant can not ride.

Permission to go horseback riding: \_\_\_\_ yes, \_\_\_\_ no; if yes, complete the following:

Has past riding experiences: \_\_\_\_ yes, \_\_\_\_ no; If yes, the number of years been riding: \_\_\_\_\_

The style ridden: \_\_\_\_ western, \_\_\_\_ english

**SWIMMING** Permission to go swimming: \_\_\_\_ yes, \_\_\_\_ no; Can submerge head under water: \_\_\_\_ yes, \_\_\_\_ no

Swimming Level: \_\_\_\_ Will enter pool with assistance, \_\_\_\_ Can float and get face wet, \_\_\_\_ Can use kickboard

\_\_\_\_ Can swim independently in deep end, \_\_\_\_ Can support self in water, using specific stroke

Comments:

### INTERESTS

List likes:

List dislikes:

**Please feel free to submit any additional information that would be helpful in serving the participant (i.e.: additional information on participants, behavioral support plans, etc.)**

Signature of Person Completing Form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**FOR OFFICE USE ONLY!**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_