

# ASFC Camp Imagine Application Form

Please type or print legibly- Use additional paper if needed.

Camper's Full Name \_\_\_\_\_  
Name You Call Your Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Mother's Email Address \_\_\_\_\_  
Father's Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Father's Email Address \_\_\_\_\_

If your camper does NOT live with the person(s) listed above, please complete:

Name of Program, if any \_\_\_\_\_  
Name of Staff Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Please list the school, day program, workshop, or other program the camper attends.

Name of School \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Teacher/contact Name \_\_\_\_\_ Email \_\_\_\_\_

**Camper's Primary Diagnosis** (Must have at least one to be eligible for camp):  
\_\_\_\_\_ Autism Spectrum Disorder    \_\_\_\_\_ Asperger's Syndrome    \_\_\_\_\_ Communication Disorder

**Additional Conditions – Please check all that apply to the camper:**

\_\_\_\_\_ Mental Retardation    \_\_\_\_\_ Seizure Disorder  
\_\_\_\_\_ Visual Impairment    \_\_\_\_\_ currently managed with medication  
\_\_\_\_\_ Hearing Impairment    \_\_\_\_\_ past history with no current seizures  
\_\_\_\_\_ Cerebral Palsy    \_\_\_\_\_ Other: \_\_\_\_\_

Please describe any conditions you have indicated \_\_\_\_\_  
\_\_\_\_\_

**Given your camper's skills and behaviors, what level of supervision does he/she require most of the day? In answering this question, please keep in mind how your camper responds to new situations and new people and other qualities of the camp setting. Please check only one:**

- \_\_\_\_\_ Camper can function totally independently in all or almost all settings with only occasional supervision.
- \_\_\_\_\_ Camper can function independently for short periods of time and can be supervised in a group with 1 staff and several other campers the rest of the time.
- \_\_\_\_\_ Camper generally can function in a group with a supervisor and 2-3 other campers. Camper needs one-to-one supervision only during specific activities.
- \_\_\_\_\_ Camper generally needs one-to-one supervision, but can function in group situations for some activities.
- \_\_\_\_\_ Camper needs one-to-one supervision throughout the day.
- \_\_\_\_\_ Camper needs more than one staff with him/her all day or when agitated or upset.

**Male/Female Counselor Preference**

\_\_\_\_\_ Camper will do better with a MALE counselor. (Male campers will have both male and female counselors)  
If so, please explain why: \_\_\_\_\_

\_\_\_\_\_ Camper will do better with a FEMALE counselor. (All female campers will have female counselors)  
If so, please explain why: \_\_\_\_\_

\_\_\_\_\_ Camper will do equally well with either a MALE or FEMALE counselor.

In the following sections, please check all statements that describe your camper.  
Please answer thoroughly and provide examples. Use additional paper if necessary.

### COMMUNICATION

**1. How does your camper get his/her message across?**

- \_\_\_\_\_ uses complete sentences \_\_\_\_\_
- \_\_\_\_\_ uses 2-3 word phrases \_\_\_\_\_
- \_\_\_\_\_ uses single words \_\_\_\_\_
- \_\_\_\_\_ uses vocalizations, sounds, etc. \_\_\_\_\_
- \_\_\_\_\_ uses sign language \_\_\_\_\_
- \_\_\_\_\_ uses gestures, points, etc. \_\_\_\_\_
- \_\_\_\_\_ uses objects to communicate \_\_\_\_\_
- \_\_\_\_\_ takes you to things he/she wants \_\_\_\_\_
- \_\_\_\_\_ cries or whines \_\_\_\_\_
- \_\_\_\_\_ uses pictures \_\_\_\_\_
- \_\_\_\_\_ uses word cards \_\_\_\_\_
- \_\_\_\_\_ uses special system such as a communication board \_\_\_\_\_
- \_\_\_\_\_ writes to communicate \_\_\_\_\_

Additional Information

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**2. How does your camper understand what is said to him/her?**

- \_\_\_\_\_ uses complete sentences \_\_\_\_\_
- \_\_\_\_\_ uses 2-3 word phrases \_\_\_\_\_
- \_\_\_\_\_ uses single words \_\_\_\_\_
- \_\_\_\_\_ uses gestures or point \_\_\_\_\_
- \_\_\_\_\_ uses pictures \_\_\_\_\_
- \_\_\_\_\_ uses sign language \_\_\_\_\_
- \_\_\_\_\_ uses objects \_\_\_\_\_
- \_\_\_\_\_ reads \_\_\_\_\_ complete sentences \_\_\_\_\_ 2-3 word phrases \_\_\_\_\_ single words

Additional Information

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**3. Please indicate and explain whether the camper can express the following concepts:**

- Can your camper ask for help? Yes / No \_\_\_\_\_
- Does your camper communicate an illness or pain? Yes/No \_\_\_\_\_
- Does your camper communicate a dislike? Yes/No \_\_\_\_\_

## SELF-HELP SKILLS

### 1. Mealtimes

- \_\_\_\_\_ can use all utensils
- \_\_\_\_\_ **CANNOT** use: \_\_\_\_\_ fork, \_\_\_\_\_ spoon, \_\_\_\_\_ knife
- \_\_\_\_\_ drinks from a cup unassisted
- \_\_\_\_\_ chews and swallows with no problems
- \_\_\_\_\_ has good table manners
- \_\_\_\_\_ has inappropriate table manners (throws food, grabs food...please describe in additional info)
- \_\_\_\_\_ has a poor appetite
- \_\_\_\_\_ has an excessive appetite

What are your camper's favorite foods and drinks? \_\_\_\_\_

What foods will your camper not eat? What foods would you prefer your camper not eat? \_\_\_\_\_

Describe food or drink allergies. \_\_\_\_\_

Describe other special dietary needs (no sugar, no pork, only 1 serving, etc.) \_\_\_\_\_

Additional Information \_\_\_\_\_

### 2. Toileting

- \_\_\_\_\_ is completely toilet-trained--uses toilet independently
- \_\_\_\_\_ is partially toilet-trained--needs to be reminded to go
- \_\_\_\_\_ needs some assistance using the toilet
- \_\_\_\_\_ will use too much toilet paper or clog toilet
- \_\_\_\_\_ needs complete assistance/total supervision in the restroom
- \_\_\_\_\_ is not toilet-trained at all (wears diaper/training pants)

How often does your camper need to be taken to the restroom? \_\_\_\_\_

How does your camper let you know that he/she needs to go to the restroom? \_\_\_\_\_

If your camper is not toilet-trained at night, what precautions do you take (wears diapers, wake at certain times...)

Additional Information \_\_\_\_\_

### 3. Dressing and Undressing

- \_\_\_\_\_ has no dressing problems
- \_\_\_\_\_ can choose weather-appropriate clothing
- \_\_\_\_\_ can dress independently
- \_\_\_\_\_ needs help putting on: \_\_\_\_\_ shirt, \_\_\_\_\_ pants, \_\_\_\_\_ socks, \_\_\_\_\_ underwear
- \_\_\_\_\_ can fasten: \_\_\_\_\_ buttons, \_\_\_\_\_ snaps, \_\_\_\_\_ zippers
- \_\_\_\_\_ can: \_\_\_\_\_ put on shoes, \_\_\_\_\_ tie shoelaces
- \_\_\_\_\_ can undress completely
- \_\_\_\_\_ can undress partially
- \_\_\_\_\_ needs a lot of assistance undressing

Please describe what assistance your camper needs in dressing and/or undressing: \_\_\_\_\_

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### 4. Grooming

- \_\_\_\_\_ is independent with grooming needs                      \_\_\_\_\_ needs assistance brushing teeth
- \_\_\_\_\_ needs assistance combing/brushing hair                      \_\_\_\_\_ needs assistance shaving
- \_\_\_\_\_ needs assistance with feminine hygiene

Please describe any assistance your camper needs with grooming: \_\_\_\_\_

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### 5. Bathing

- \_\_\_\_\_ willingly takes showers    \_\_\_\_\_ needs assistance washing hair
- \_\_\_\_\_ is completely independent bathing    \_\_\_\_\_ needs assistance drying hair
- \_\_\_\_\_ resists showering    \_\_\_\_\_ needs assistance showering

How long does your camper's bathing/showering routine typically take? \_\_\_\_\_

Please describe your camper's usual bathing routine or any special assistance he/she may need: \_\_\_\_\_

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### 6. Bedtime

- \_\_\_\_\_ goes to sleep with no problems    \_\_\_\_\_ sleeps with light on
- \_\_\_\_\_ sleeps soundly until morning    \_\_\_\_\_ makes lots of noise at night
- \_\_\_\_\_ sleeps little, wakes up easily during the night    \_\_\_\_\_ gets out of bed frequently during the night

Does your camper need to be taken to the restroom during the night? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, how often?

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What do you do if your camper wets the bed? \_\_\_\_\_

What is your camper's normal bedtime routine? \_\_\_\_\_

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## BEHAVIORS

Please indicate how often, if ever, your camper does the following behaviors and the consequences. We must have accurate information about your camper's behaviors and how to respond to them.

Behavior	Never	Seldom	Often	What you do when this occurs
Camper scratches, pinches, bites, or hits self				
Camper bangs own head				
Camper scratches, pinches, bites, or hits others				
Camper grabs other people				
Camper touches others inappropriately				
Camper throws things				
Camper gets into personal belongings				
Camper runs away				
Camper climbs on furniture				
Camper uses inappropriate language				
Camper spits on others				
Camper dumps liquids				
Camper strips own clothing				
Camper exposes self in public				
Camper masturbates inappropriately				

Please describe in more detail these behaviors or any other behaviors that you do not want your camper to do and explain how you want the camp staff to deal with them:

### Behavior

### Consequences

Example: Camper throws objects

Must pick up object and return to proper place


## EMOTIONAL RESPONSES

- |  |  |
|--|--|
| <p>_____ Camper prefers to be by self</p> <p>_____ Camper does not like to be touched</p> <p>_____ Camper cries for no apparent reasons</p> <p>_____ Camper is bothered by excessive noise</p> | <p>_____ Camper clings to other people</p> <p>_____ Camper gets upset if the routine changes</p> <p>_____ Camper laughs for no apparent reason</p> |
|--|--|

Please list things that scare or upset your camper: \_\_\_\_\_

\_\_\_\_\_

Please describe what helps to calm your camper when he/she is sad, hurt, afraid, or otherwise upset: \_\_\_\_\_

\_\_\_\_\_

## SENSORY RESPONSES

Please indicate your camper's reaction to the following if the response is unusual:

	Over reacts	Under reacts	Comments
Visual stimulation			
Lights			
Sunlight			
Heat			
Touch			
Thunderstorms			
Pain			
Animals			
Sounds			
Voices			

Describe other sensitivities or additional information \_\_\_\_\_

### REINFORCEMENT

Reinforcers:

- \_\_\_\_\_ Edibles (food or drink)
- \_\_\_\_\_ Music
- \_\_\_\_\_ Tokens
- \_\_\_\_\_ Particular object
- \_\_\_\_\_ Preferred activity

Schedule of Reinforcement:

- \_\_\_\_\_ Fixed time interval (i.e., every 2 min)
- \_\_\_\_\_ Completion of task or activity
- \_\_\_\_\_ End of day
- \_\_\_\_\_ End of time period
- \_\_\_\_\_ Other: \_\_\_\_\_

Please describe manner of reinforcement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ACTIVITY LEVELS

- \_\_\_\_\_ Camper has typical attention span and level of activity for his/her age
- \_\_\_\_\_ Camper has a very short attention span
- \_\_\_\_\_ Camper is less active/needs motivation to participate
- \_\_\_\_\_ Camper is overactive
- \_\_\_\_\_ Camper is easily distracted by sights, sounds, people, etc.

Describe how you manage camper's activity level; motivate to participate, etc. \_\_\_\_\_

### INDOOR ACTIVITIES

Please check all indoor games/activities below that your camper particularly enjoys.

- |                |                        |                                 |                     |
|----------------|------------------------|---------------------------------|---------------------|
| ___ Books      | ___ Listening to music | ___ Painting                    | ___ Video games     |
| ___ Computer   | ___ Magazines          | ___ Playing musical instruments | ___ Watching videos |
| ___ Crosswords | ___ Making crafts      | ___ Puzzles                     | ___ Word searches   |
| ___ Drawing    |                        |                                 | ___ Writing letters |

\_\_\_ Board games (favorites) \_\_\_\_\_

\_\_\_ Card games (favorites) \_\_\_\_\_

\_\_\_ Camper will do fine working at a table with several others.

\_\_\_ Camper needs to have his/her own personal work area separate from others to be successful.

## OUTDOOR ACTIVITIES

Please **check (✓)** all activities that are appropriate for your camper's abilities and interests.  
Please **circle** all activities that you would particularly like your camper to try.

### Ball Activities

- Ball sort
- Ball toss
- Basketball
- Bowling
- Kicking a ball

### Water Activities

- Slip & slide
- Swimming – free play
- Water balloon toss
- Water relays

### Rides

- Golf cart rides
- Scooter rides
- Wheelbarrow rides

### Sensory

- Bubbles
- Sensory activities (lights, sounds, textures, smells)
- Balance activities (on a beam or Occupational Therapy balls)

### Exercising

- Exercise stations (sit-ups, push-ups, etc.)
- Hikes in woods
- Jumping rope
- Riding bike
- Stretching
- Trampoline
- Walking

### Group Activities

- Camping in tents
- Dodge ball
- Duck-Duck Goose
- Kickball
- Musical Chairs
- Parachute games
- Relay races
- Singing
- Soccer/kicking into goals
- T-ball
- Volleyball

### Individual Activities in Group Setting

- Aerobics
- Animals (petting, walking, holding, etc.)
- Boating
- Building things
- Dancing

### Individual Activities

- Bean bag toss
- Swinging
- Fishing
- Frisbee
- Horseshoes/ring toss
- Hopscotch
- Playground
- Putt-putt
- Stacking cones

Please list any additional activities your camper enjoys doing outside or recreationally: \_\_\_\_\_

### Swimming

- I am unsure of how the camper does in the pool
- Camper swims well
- Camper cannot swim and must remain in the shallow end of the pool
- Camper fears water and will not get in the water willingly
- Camper drinks pool water
- Camper has bowel movements in the pool
- Camper needs to wear a lifejacket in the pool at all times (required if the camper has a history of seizures)
- Camper has very sensitive skin

**MEDICAL CONCERNS**

Describe any health problems: \_\_\_\_\_

List all allergies and the reaction (include food, allergies, etc.): \_\_\_\_\_

**IMPORTANT MEDICAL REMINDERS**

- All camper medication must be written on the medical form. If medications are changed or added after the medical form is completed, WRITTEN notification is required from camper’s PHYSICIAN.
- ALL medications (including vitamins) must be sent to camp in their ORIGINAL CONTAINERS.

**MISCELLANEOUS**

What are your camper’s favorite activities? \_\_\_\_\_

What are your camper’s strengths? \_\_\_\_\_

What do you most like about your camper? \_\_\_\_\_

What would you like your camper to get out of his/her camp experience? \_\_\_\_\_

What else should we know about your camper to make his/her camping experience a great one? Please use as much additional paper as you need. The more we know about your camper’s likes, dislikes, skills and needs, the better we can serve them.

ASFC understands that your child’s information is personal and private. ASFC is committed to protecting the privacy of your child’s information. Information in this application is required to allow us to best meet the needs of your child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return this form by April 15, 2008 to:**  
Autism Society of Forsyth County  
P.O. Box 273  
1959 North Peacehaven Road  
Winston-Salem, NC 27106  
Attn: Camp Imagine

**Application Checklist:**  
\_\_\_ Complete & sign application  
\_\_\_ Include \$75 check to ASFC