

 **Handi*Camp 2011 Personal Profile Form** 

Applicant's Name _____

School Information

Is applicant in school? yes no
If yes , type of educational program: _____

{ **Regular education program:** Grade level: _____
{ **Special education program:** Regular class with support Type of support _____
{ Resource room: For what subjects _____
{ Mainstreamed for certain subjects: Which ones? _____

{ Self-contained classroom: Focus of program? Academic Vocational Life skills

Please give us the name, position (teacher, educational assistant, etc.) and phone number for us to contact to obtain helpful information about applicant's school.

Name: _____ Position: _____ Phone () _____

READING, WRITING AND COMMUNICATION

Reading:

Non-reader Reads survival words Reads at: 1st and 3rd grade level 1 or 2 yrs. below grade level
 Reads at grade level

Writing Skills:

{ No writing skills { Writes by copying only { Writes words { Writes complete sentences

Receptive Communication:

No evidence of understanding what others are reading or saying
 Understands simple sentences, concepts, stories and directions
 Understands what others are reading or saying at his/her age

Expressive Communication:

{ Speech easily understood { Speech sometimes hard to understood { No Speech

IF NO SPEECH, how does applicant indicate:

YES _____ NO _____ I don't know _____ Bathroom _____

SIGN LANGUAGE: { ASL { Signed English { Home made signs

OTHER COMMUNICATION AIDS (Board, Book, Devices, etc.) Type of aid and any special care required:

CHURCH INFORMATION

Applicant's Church background/participation:

Does not attend church Attends church Occasionally Regularly Attends Sunday School

Does applicant have his /her own Bible? Yes No

Church name: _____ Church phone _____ Minister's name _____

LIFE AT HOME:

Names and ages of siblings who live with the applicant: _____

Names and relationships of other people living with applicant (parents, roommate, etc.) _____

Parent/Guardian: Please help us see applicant as you see him/her by answering the following:

I would consider the following to be my child's greatest strength: _____

I feel my child needs encouragement in the follow areas: _____

I feel my child has shown growth over the past year in the following ways: _____

Here is what I feel is most important for you camp staff to know about my child: _____

GETTING TO KNOW MORE THE CAMPER-TO-BE ...

Please have the applicant assist with completing the following questions as much as possible to help our staff get more acquainted with your child!

One of the things I like best about my self is _____

One thing I do very well is _____

My favourite school subject or work task _____

My favourite game is _____

I know a lot about _____

Sometimes I worry about _____

The thing I most like to do with my friends is _____

Sometimes I'm afraid of _____

The best movie/video I've seen recently is _____

My favourite TV programs are _____

If I had \$10.00, I'd spend it on _____

When I have free time, I like to (check all the ones you enjoy):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Play board games | <input type="checkbox"/> Build things | <input type="checkbox"/> Do Word Searches | <input type="checkbox"/> Do puzzles |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Writing letters | <input type="checkbox"/> Use Computers | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Journal | <input type="checkbox"/> Use Internet | <input type="checkbox"/> Sing | <input type="checkbox"/> Talk |
| <input type="checkbox"/> Watch videos | <input type="checkbox"/> Play an instrument | <input type="checkbox"/> Play sports | <input type="checkbox"/> Role play/play act |
| <input type="checkbox"/> Take walks | <input type="checkbox"/> Go to playground | <input type="checkbox"/> Read books | <input type="checkbox"/> Read magazines |
| <input type="checkbox"/> Be with friends | <input type="checkbox"/> Fish | <input type="checkbox"/> Lacing/sewing cards | <input type="checkbox"/> Collection items |
| <input type="checkbox"/> Draw /colour/create with art materials | | <input type="checkbox"/> Do nature/science activities | |