

# ONE FORM

## PERSONAL PROFILE FOR COMMUNITY PROGRAMS

Valid for the 2020 Calendar Year

**To be filled out if your child requires additional support while in a program.**  
**Please keep a copy of this form.**

To reduce paper work required for registration this "ONE form" was created. Please confirm with the program you are registering that they will accept this form. Provide a copy to each program you are registering.

<b>APPLICANT INFORMATION</b>			
Last Name	First	Age	Today's date
Diagnosis/ Disability	Weight and height		Daytime telephone number
Does your child have an EA at school?	Does your child attend School Full time                      part-time		

<b>Previous Camp and extracurricular Activities</b>	
Has your child attended camp in the past	
Was their camp experience successful? Were there any challenges?	
Does your child participate in extracurricular activities?	
Has your child brought extra support to the extracurricular activity? How did this go?	
<b>Communication</b>	
What are your campers communication skills (verbally, ASL, lip read, PEC)	

<b>SENSORY INFORMATION AND INTEREST</b>	
<i>What does your child like and not like...</i>	
To Do	
To See	
To Feel/Touch	

### MOTOR SKILLS AND PHYSICAL NEEDS

*What types of activities may be difficult for your child to participate in? Please comment on your child's skill level*

Fine Motor Skills (writing, cutting, painting etc)	
Gross Motor Skills/Balance	
Does your child require some or full assistance with toileting?	
Does your child require some or full assistance with eating/drinking?	

### SOCIAL SKILLS

Enjoys being/playing with children of	same age	younger	older
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**HOW DOES YOUR CHILD INTERACT WITH HIS/HER PEERS? IS THERE A NEED FOR ANY ASSISTANCE OR MOTIVATION WHEN SOCIALIZING WITH OTHER PEOPLE (I.E INITIALZING INTERACTION WITH OTHERS ETC)?**

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### MOTOR SKILLS AND PHYSICAL NEEDS

*Describe what it may look like if your child should become upset. How do you manage such situations? What suggestions might you have for our staff during these situations*

What are some triggers	
Any habits	
Comforting in a stressful situation	
Motivators to help your child participate in activities if they are reluctant	
Any safety concerns for your child participating in activities	

**IF YOUR CHILD FINDS ANY OF THE FOLLOWING SITUATIONS TO BE CHALLENGING, PLEASE PROVIDE DETAILS ON HOW WE CAN ASSIST THEM TO SUCCEED**

Changing activities and or locations	
Staying with the group during activities	
Respecting personal space/property of others	
Focusing on a task/activity at hand	

**IF YOUR CHILD DEMONSTRATES ANY OF THE FOLLOWING BEHAVIOURS PLEASE EXPLAIN CONTRIBUTING CAUSES, PREVENTION, AND INTERVENTION STRATEGIES THAT YOU SUCCESSFULLY EMPLOY**

Fearfulness or Shyness	
Easily Frustrated or Use of Inappropriate language	
Difficulty in controlling anger/ Overly assertive/aggressive behaviour	

**WHAT ARE THE GOALS FOR YOUR CHILD IN THIS PROGRAM?**

**COMMENTS**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL THIS FORM TO  
skic@cmhaww.ca**