



# Handi\*Camp Personal Profile Form



Date: \_\_\_\_\_

## 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

*If not a student, are they employed or in a day program? Please elaborate..* \_\_\_\_\_

## READING, WRITING AND COMMUNICATION

### Reading:

Non-reader Reads survival words  Reads at: 1<sup>st</sup> and 3<sup>rd</sup> 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 understand  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: \_\_\_\_\_

## 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.) \_\_\_\_\_  
\_\_\_\_\_

*To be filled out by parent, guardian or by the camper if applicable*

I would consider the following to be the applicant's greatest strength: \_\_\_\_\_  
\_\_\_\_\_

I feel the applicant needs encouragement in the follow areas: \_\_\_\_\_  
\_\_\_\_\_

I feel the applicant has shown growth over the past year in the following ways: \_\_\_\_\_  
\_\_\_\_\_

Here is what I feel is most important for camp staff to know about the applicant: \_\_\_\_\_  
\_\_\_\_\_

## GETTING TO KNOW MORE ABOUT 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 the applicant.

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 \$20.00, 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   |
| <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 |   |