



MUNICIPALITY OF

PORT HOPE

Town Park Recreation Centre • 62 McCaul Street, Port Hope, ON L1A 1L2 • Phone 905-885-7908

Inclusion and Support Services All About Me Package

Our goal is to make camp enjoyable for everyone by providing accessible and inclusive opportunities. Please help us provide a successful camp experience for your child by providing us all the information we need to know.

Camper Information

First Name: *

Last Name: *

Preferred Name:

Birthdate: *

Primary Language Spoken: *

Secondary Language Spoken:

Medical Diagnosis and Information

Which of the following applies for behavioural/developmental diagnosis: *

- The individual has a formal behavioural/developmental diagnosis
- The individual is awaiting an assessment for a behavioural/developmental diagnosis
- The individual has not been diagnosed or waiting an assessment, however requires additional support to manage behaviours
- Not applicable

Please list any conditions the individual has been diagnosed with or is being assessed for and any other important related information:

Which of the following applies for a medical diagnosis: *

- The individual has a formal medical diagnosis
- The individual is awaiting an assessment for a medical diagnosis
- Not applicable

Please list any conditions the individual has been diagnosed with or is being assessed for and any other important related information:

Does the participant have any health or physical concerns that would limit their participation in physical activities? *

- Yes
- No

Please describe in detail below:

Does the participant take any medication that will have to be administered during the program? Staff are not medical professionals and are not authorized to administer medication. Children are required to self-administer medications *

Yes

No

Please note that you must complete a "Medication Form" for any medication that must be administered during program hours.

Does the individual have any allergies? *

Yes

No

Please list any allergies the individual has:

Do any of the allergies require medication or medical intervention?

Yes

No

Does participant carry an Epi-Pen? Staff are trained to administer an Epi-Pen in an emergency.

Yes

No

Please note that you must complete a "Medication Form" for any medication including an Epi-pen that must be administered during program/camp hours.

Communication and Social/Emotional Skills

What are the main modes of communication for the individual? Please provide details below:

How does the individual act in social situations? Check all that apply and add any additional details below: *

- Prefers small groups
- Difficulty interacting with peers
- Prefers 1:1 with peers
- Prefers 1:1 with adults
- Difficulty interacting with adults
- Other
- Not Applicable

Please add any additional information in the box below:

Comment briefly on the individual's general behaviour and mood? Please provide elements of positivity and areas of difficulty if applicable:

Please indicate any strong fears/dislikes that can trigger the individual (Ex. crowds, loud sounds, animals, water):

Which instructional/assistance methods are the most effective? Check all that apply. *

- Hand over hand
- Demonstrations
- Verbal Instructions
- Peer Support (buddy system, small groups)
- Written/Drawn Instructions
- Other
- Not Applicable

What works well to motivate the individual?

If applicable please describe the individual's aggressive and self-injurious behaviours:

- | | |
|---|---|
| <input type="checkbox"/> Screams/Shouts | <input type="checkbox"/> Low Energy |
| <input type="checkbox"/> Aggressive to Others | <input type="checkbox"/> Bites |
| <input type="checkbox"/> Wanders | <input type="checkbox"/> Scratches |
| <input type="checkbox"/> Runs Away and/or Bolts | <input type="checkbox"/> Push, Hit or Kick Adults |
| <input type="checkbox"/> Hides | <input type="checkbox"/> Push, Kick or Hit Peers |
| <input type="checkbox"/> Non Compliant | <input type="checkbox"/> Destructive to own/others property |
| <input type="checkbox"/> Resistant to change | <input type="checkbox"/> Self Stimulation |
| <input type="checkbox"/> Self Injurious | <input type="checkbox"/> Sexual inappropriateness |
| <input type="checkbox"/> Head Butting | <input type="checkbox"/> Profane language |
| <input type="checkbox"/> Head Banging | <input type="checkbox"/> Temper tantrums |

What kind of situations or feelings are triggers for the individuals behaviour?

Does the individual have difficulty with transitions? *

- Yes
- No

If yes, what strategies work best? Check all that apply.

- Countdowns
- Visual Aids
- Calendars
- Songs or Rhymes
- Fidget Toys
- First/Then

Please provide comments on difficulties and triggers for transitions:

Does the individual seek or avoid any particular sensory stimulus? Please specify below: *

- Seeks touch or pressure (e.g. hugs, tight spaces, pinches)
- Dislikes being touched
- Excessive mouthing of objects/fingers
- Eats non-edible items
- Other
- Not Applicable

Please provide details on other sensory stimulus:

Safety and Swimming

Are there any individual habits or concerns pertaining to safety that we should be aware of? (i.e. road/parking lot safety, stranger danger, wandering, putting random items into mouth, safe use of tools/equipment, etc.)

Is the individual comfortable in water? *

- Yes
- No

What swimming level is individual at: *

- Non-Swimmer
- Beginner Swimmer
- Advanced Swimmer (Deep end)

Does the individual require a Personal Flotation Device? (All children under 6 years of age will be required to wear a PFD) *

- Yes
- No
- Unsure

Please provide any additional comments if necessary regarding water:

Please Indicate below which **Swimming/Water Environments** the individual is comfortable in:

Please indicate the individuals comfort level in the pool: *

- Very Comfortable
- Mostly Comfortable
- Comfortable for Short Periods
- Triggering
- Unknown

Please indicate the individuals comfort level with splashpads: *

- Very Comfortable
- Mostly Comfortable
- Comfortable for Short Periods
- Triggering
- Unknown

Please indicate the individuals comfort level at a sandy beach: *

- Very Comfortable
- Mostly Comfortable
- Comfortable for Short Periods
- Triggering
- Unknown

Please indicate the individuals comfort level at a rocky beach: *

- Very Comfortable
- Mostly Comfortable
- Comfortable for Short Periods
- Triggering
- Unknown

Please indicate the individuals comfort level with sprinklers/slip-and-slide: *

- Very Comfortable
- Mostly Comfortable
- Comfortable for Short Periods
- Triggering
- Unknown

Please indicate the individuals comfort level with showers: *

- Very Comfortable
- Mostly Comfortable
- Comfortable for Short Periods
- Triggering
- Unknown

Please indicate any issues or triggers with any of the above places of water:

Activities of Daily Living

**Does your child need assistance with toileting?
Children are expected to be fully toilet trained, staff can only provide minimal assistance. ***

- Yes
- No
- Minimal assistance required

Are there any specific behaviours or routines we should know associated regarding toileting?

Please indicate the level of assistance required for mobility: *

- Independent
- Some Assistance
- Full Assistance

Please indicate the level of assistance required for feeding: (If assistance with feeding is required an outside worker/family member will be required to provide the assistance) *

- Independent
- Some Assistance
- Full Assistance

Please indicate the level of assistance required for dress/undress. (If full assistance with dressing is required an outside worker/family member will be required to provide the assistance) *

- Independent
- Some Assistance
- Full Assistance

Assistive Devices/Equipment

Does the participant use any assistive devices to participate in daily activities? *

- Yes
- No

Please provide details:

Individuals Goals or Additional Comments

Please provide any additional information that will be helpful to ensure your child has a successful camp experience. (goals, triggers, likes)

What weeks of camp would you like your child to attend? *

- Week 1 - June 30 to July 4
- Week 2 - July 7 to 11
- Week 3 - July 14 to 18
- Week 4 - July 21 to 25
- Week 5 - July 28 to August 1
- Week 6 - August 4 to August 8
- Week 7 - August 11 to 15
- Week 8 - August 18 to 22
- Week 9 - August 25 to 29

Under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) and the *Child Care and Early Years Act, 2014*, personal information collected in the 'Inclusion and Support Services All About Me Package' will be used solely to facilitate appropriate accommodations and ensure camper safety and well-being. The information will only be kept for as long as necessary to fulfill the purposes for which it is collected. Questions regarding the collection, use and disclosure of personal information can be directed to the Municipal Clerk at 905-885-4544 or clerk@porthope.ca