



Life TREX Program Camper Application and Profile Information

In order to help the Fowler Center, provide a positive and meaningful experience for your camper, we need your assistance in completing the information in this form. Please answer questions as completely and honestly as possible. This camper application must be returned and reviewed by our administration prior to consideration for the Life TREX program.

General Information

Camper's Name (please print) _____ SS # ____ - ____ - ____

Birth Date ____/____/____ Age ____ Male ____ Female ____

Ethnicity- please circle (used for potential general grants to TFC):

American Indian or Alaska Native

Asian

African American

Caucasian

Hispanic/Latino

Native Hawaiian/Pacific Islander

Bi- or Multi-racial

Do you have any relatives who are veterans?

Yes

No

With whom does the camper live? Parents/Guardians Group Home Foster Care

How long has the camper been living in this setting? _____

Camper's Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ County: _____

Is the camper his/her own guardian? Yes No

Who has full/partial guardianship? _____

Relationship to camper: _____

Is there a legal executor? Name: _____ Phone: _____

Is there a Power of Attorney in place? Name: _____ Phone: _____

Parents/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone (specify which parent): _____

Other Phone (specify who): _____

Email address (specify who): _____

Emergency Contact Information (at least two required)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Camper Profile

Primary Diagnosis: _____ Secondary Diagnosis: _____

(i.e. Cognitive Impairment, Autism Spectrum Disorder, Cerebral Palsy, Emotional Impairment, Hearing Impairment, Visual Impairment, etc.)

Educational Classification- please circle:

Mild Cognitive Impairment (MiCI) Moderate Cognitive Impairment (MoCI)

Severe Cognitive Impairment (SCI) Severely Multiply Impaired (SXI)

Autism Spectrum Disorder (ASD) Other: _____

Does your camper have a seizure disorder? If yes, circle which:

Grand Mal Petit Mal Focal Nocturnal Mixed Psychomotor

Frequency of Seizure(s): _____ Date of Last Seizure: _____

Vision Needs

Fully Sighted Wears Glasses Visually Impaired Total Blindness

Hearing Needs

No Hearing Loss Total Deafness Partial Hearing Loss Hearing Aid

Communication Needs

Verbal Non-Verbal Sign Language

Is a Communication Aid Used? Yes No Specify Which Kind: _____

Will the camper give clear and accurate information regarding needs? Yes No

Additional comments that would help in communication with camper:

Allergies

List any known allergies: _____

Are any life-threatening? Yes No

Reactions to these allergies: _____

Dietary Needs

Please choose your camper's dietary needs:

Regular Diet Sodium Restriction Calorie Restriction Diabetic Other

Please explain if diet is atypical: _____

Preparation needs (i.e. vegetarian, pureed, dairy free, gluten free, ground, pureed, etc.):

Does your camper require eating aids (i.e. apron, straw, plate guard, etc.)? Yes No

Specify which (you will be responsible for providing these during camp): _____

Activities of Daily Living Please check or mark in the appropriate column for your camper's needs. In the "Other" category, include additional information that would be helpful to staff.

Task	Completes without difficulty independently	Completes with some difficulty independently	Completes with staff verbal direction	Completes with physical assistance of staff	Staff must complete for them
Dietary					
Fix meal					
Open cans/jars/tubes/boxes					
Open/empty containers/packages					
Use manual can opener					
Use camp stove (turn on/use)					
Open refrigerator/drawers					
Transport items short distance					
Use fork/spoon/knife					
Cut with knife					
Butter bread					
Eat soup with spoon					
Make sandwich/light meal					
Eat meal					
Get drink					
Drink from cup/glass					
Eat at a proper rate (during a 30 minute meal time)					
Wash/rinse dishes					
Other:					
Hygiene					
Access bathroom sink					
Turn faucets					
Brush teeth					
Wash and dry self					
Use shower					
Apply deodorant					
Comb/brush hair					
Shaving					
Shampoo and dry hair					
Change pad/tampon during menses					
Other:					
Bowel/Bladder					
Cleanse self after toileting					
Flush toilet					
Manage clothing before/after toileting					
Control bladder/bowel					
Other:					

Task	Completes without difficulty independently	Completes with some difficulty independently	Completes with staff verbal direction	Completes with physical assistance of staff	Staff must complete for them
Bed/Sleeping					
Sleep in a group setting					
Go to bed willingly					
Wake up to use the bathroom					
Takes afternoon naps					
List typical bed/wake-up times for your camper:					
List signs and triggers of fatigue/exhaustion:					
Other:					
Dressing					
Select appropriate clothes					
Fastenings (button, zippers, snaps, belt)					
Shirt on/off					
Slack/underpants/skirt on/off					
Socks on/off					
Shoes on/off					
Tie shoe laces					
Coat/sweater on/off					
Clothes in/out drawers					
Fold/hang/put away clothing					
Put dirty clothes in laundry bin					
Other:					
Environment					
Open/close door					
Light on/off					
Use radio/stereo					
Set up and/or read clock/watch					
Manipulate newspaper/book/map					
Use scissors					
Plug in cord					
Pick up things off floor/tidy					
Avoid potential hazards					
Mobility					
Walk/hike distances over 1 mile					
Lift/carry luggage					

Task	Completes without difficulty independently	Completes with some difficulty independently	Completes with staff verbal direction	Completes with physical assistance of staff	Staff must complete for them
Engage in sports and recreation activities					
Engage in adventure activities (i.e. climbing, navigating unstable footing, zipline, etc.)					
Dance/run					
Squat/bend over					
Kneel/crawl/push/pull					
Swim/float					
Paddle boats/canoes					
Other:					
Cognitive					
Concentrate/focus attention					
Handle money					
Problem solve					
Complete tasks					
Understand others					
Manage time					
Follow verbal directions					
Follow rules when authority is not present					
Make choices					
Alert staff to needs					
Other:					
Emotional/Behavioral					
Deal with people					
Control irritability/temper					
Interact positively with others					
Control behavior in social situations					
Control anxiety/stress					
Interpret feelings					
Seek out adults					
Seek out peers					
Awaits turn					
Participate in group activities					
Participate in parallel play					
Other:					

Behavioral Challenges

Please circle if camper has/does engage in any of the following behaviors and indicate their frequency next to the behavior: **Infrequently (I) = less than once per week, Sometimes (S) = 1-3 times per week, Frequently (F) = 1 or more times per day**

Runs away from group _____ Wanders away from group _____ PICA _____
(eating inedible items)

Cries excessively _____ Screams _____ Self-abusive _____
(pinching/hitting self, banging head, etc.)

Damages property _____ Physically aggressive toward others _____

Steals from others _____ Inappropriate sexual behavior(exposure, masturbation, touching others, sexual comments, etc.) _____

Requires physical management _____

What are the triggers to the above behaviors? _____

Does the camper respond to positive verbal praise? Yes No

Please list any effective key words or phrases used to reinforce positive behavior or to eliminate undesired behavior: _____

Please list and provide effective material or edible rewards if used (tokens, charts, favorite objects, etc.) _____

What are the camper’s favorite activities/past times? _____

School/Program Information

Program: _____ Phone: _____ Contact Person: _____

Address: _____ City _____ State ____ Zip Code _____

May we contact this person? Yes No

Required: Please attach the most recent Behavior Plan (IEP) for your camper.

Preferred Life TREX Session

- July 9-14, 2017 - Life TREX I
- July 16-August 28, 2017 - Life TREX II

If not accepted into Life TREX, I am interested in a spot in the following program for my child (refer to “Programs” on our website for more info): _____

Person Completing (required): _____

Relation to Camper: _____ **Date:** _____

IMPORTANT: CONTINUE TO NEXT PAGE FOR ADDITIONAL QUESTIONS

Parent Statement (please attach)

For Life TREX, it is important that we have as detailed an understanding of your camper as possible in order to determine if they are appropriate for the program. Please attach a parent statement with responses to the following questions to this application.

- 1) Why do you think your camper would benefit from the Life TREX program?
- 2) What skills do you hope to see your camper develop? You can describe skills he/she has already been working on or skills they have not yet developed.
- 3) What do you think would be the most challenging for your camper if accepted into the program?
- 4) Include any additional comments.

Thank you for completing this camper application and profile.

You will be contacted after review of this form to notify you of your camper's acceptance status into the Life TREX program.