Town of East Gwillimbury Inclusion Support

All About Me Package 2023

Contact Information

Name of Participant: _____ Age: _____

Name of Parent/Guardian: _____

Email Address: _____

Guardian's Phone #: _____(Home)

_____(Cell)

_____ (Business)

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone #: _____ (Home)

_____ (Cell)

_____ (Business)

Participant's Exceptionality

Does your camper have an exceptionality? ☐ Yes ☐ No

If yes, what functional limitations exist, and what accommodations are required to maximize your campers experience at camp?

Managing Stressors

Internalizing: *(Please check those that apply)*

- ☐ Worries that bad things will happen to loved ones
- ☐ Worries about being separated from loved ones
- ☐ Is overly upset when leaving loved ones

- ☐ Feels sick when separated from loved ones
- ☐ Other – Please explain below

Notes: _____

Managing Anxiety: *(Please check all that apply)*

- ☐ Worries about doing better at things
- ☐ Worries about past behaviour
- ☐ Worries about doing the wrong thing
- ☐ Worries about the future
- ☐ Afraid of making mistakes
- ☐ Anxious to please
- ☐ Other – Please explain below

Notes: _____

Managing Mood: *(Please check all that apply)*

- ☐ Has no interest in activities
- ☐ Gets no pleasure from usual activities
- ☐ Has trouble enjoying activities
- ☐ Not happy
- ☐ Feels hopeless
- ☐ Is unhappy, sad, or depressed
- ☐ Anger

Notes: _____

Fears: *(Please check all that apply)*

- ☐ Fear of something specific (animals, needles, heights, closed spaces)
- ☐ Fear of social situations with peers
- ☐ Has obsessions: thoughts or impulses that impair functioning
- ☐ Repetitive behaviours (ex. hand washing) that impairs functioning
- ☐ Recurrent movements or vocalizations that cause impairment in functioning
- ☐ Other – Please explain below

Notes: _____

Sensory & Behaviours

Triggers - Things that will upset participant (*Please check all that apply)***:**

- ☐ Loud Noises
- ☐ Crowds
- ☐ Humming Sounds
- ☐ Being Touched
- ☐ Whistles
- ☐ Holding Hands
- ☐ Clapping
- ☐ Bright Lights
- ☐ Screaming
- ☐ Odors
- ☐ Singing
- ☐ Crying
- ☐ Other: _____ _____

Behaviour: What behaviors does your child present when upset? (*Please check all that apply)*

- ☐ Hyperactive
- ☐ Temper Tantrums
- ☐ Non-compliant
- ☐ Self-Injures
- ☐ Self-stimulation
- ☐ Aggressive towards others
- ☐ Aggressive towards staff
- ☐ Sexual inappropriateness

☐ Profane language
☐ Attention Seeking
☐ Other: _____

Calming Strategies: What will calm your child and/or regulate their behaviour? (*Please check all that apply)*

☐ Deep Pressure
☐ Small, quiet spaces
☐ Music
☐ Movement
☐ Weighted Objects
☐ Rocking
☐ Fidget Toys
☐ Bean Bag Chair
☐ Headphones
☐ Other Calming/preventative Strategies:_____
__
_____

Please share any other information on behaviours and effective suggestions to deal with behaviour:

Toileting & Feeding

Toileting Assistance/Life Skills

☐ Independent
☐ Independent on request with prompting
☐ Needs Assistance
☐ Wears diapers

Comments: _____

Feeding Assistance & Eating Assistance

☐ No Assistance Required
☐ Minimal Assistance
☐ Medium Assistance
☐ Full Assistance

Foods to avoid: _____

Other information: _____

Medications & Health Concerns

Please Note: An Epi-Pen Form must be completed and signed by the parent/guardian.

Does the participant have medication to take during the day? ☐ Yes ☐ No

Has the participant ever had a seizure? ☐ Yes ☐ No
If yes, are they a common occurrence? ☐ Yes ☐ No

What type of seizure? _____

Are there warning signs? _____

If participant has a seizure, what is the preferred action?

Does the participant have any allergies: ☐ Yes ☐ No

Please indicate any *non-life* threatening allergies: _____

Please indicate any life threatening allergies:

☐ Peanut — Carries an Epi Pen: ☐ Yes ☐ No
☐ Bee Sting — Carries an Epi Pen: ☐ Yes ☐ No
☐ Other severe allergy: _____ — Carries an Epi Pen: ☐ Yes ☐ No

1. Asthma ☐ Yes ☐ No
   ☐ If yes, the participant will carry an inhaler/ventilator

2. Please specify nature and degree of ability in the following areas, including the use of aids, tools or equipment (ex. Hearing Aids)

Vision: _____

Hearing: _____

Respiratory: _____

Heart: _____

Digestive: _____

Other: _____

Participation

Please list activities the person participates in or general interests:

A. _____
B. _____
C. _____

How long can the participant stay focused on an activity? _____

Do they get distracted easily? Yes ☐ No ☐

If yes, some strategies to refocus are:

Some quiet activities the participant enjoys are:

Mobility

Please check those that apply:

- ☐ No Assistance
- ☐ Minimal assistance
- ☐ Medium Assistance
- ☐ Full Assistance
- ☐ Splints
- ☐ Walker
- ☐ Wheelchair
- ☐ Other: _____

Please describe your child's gross and fine motor development:

Communication

My child will understand you better if you:

- ☐ Get their attention
- ☐ Repeat instructions and directions
- ☐ Have eye contact
- ☐ Use visuals
- ☐ Speak slowly and clearly
- ☐ Use gestures
- ☐ Other: _____

If any, what communication tools are used at home/school? *(Ex. iPad, PEC cards, etc.)*

-
-
-
-

Any additional information:

Organizational Support

What organizations are you receiving support from (please check all that apply):

- ☐ York Support Services Network
- ☐ Children's Treatment Network
- ☐ Blue Hills
- ☐ Kerry's Place Autism Services
- ☐ Autism Ontario
- ☐ CCAC
- ☐ Safe Haven
- ☐ Respite Services
- ☐ Chai Life Line
- ☐ Meta
- ☐ Kinark
- ☐ Other: _____ _____

May we contact the above organization(s) if needed: ☐ Yes ☐ No

Goals & Expectations

Please list three key individual skills or area of development. Please include current methods of practice or strategies to meet success, and desired outcomes.

1. Skill/Area of Development: _____

   Current Method: _____
   _____
   _____

2. Skill/Area of Development: _____

   Current Method: _____
   _____
   _____

3. Skill/Area of Development: _____

   Current Method: _____
   _____
   _____

Can a member of our staff team contact you to collect further information? Yes ☐ No ☐

If yes, what is the best phone # to reach you at? _____

What time of day is best for you? Daytime **9am-12pm** / **1-4pm** or evening **5-7pm?**

Thank you for taking the time to complete this "All About Me" Package. The information you have given will assist us in providing a successful camp experience for your child.

PLEASE NOTE: Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will only be used by the Town of East Gwillimbury's Recreation Department to administer registered programs. Questions about this collection should be directed to the Recreation Department, Telephone No. (905) 478-4283 Ext. 1402.