



YMCA of Simcoe/Muskoka Day Camps Child Information Package

Communication and information sharing between parents/care providers and recreation providers is important when building an inclusive and safe environment. The information collected in this package is intended to provide the YMCA of Simcoe/Muskoka Day Camps insight on your child's strengths and needs. It will take approximately 10 minutes.

This information package will not be saved. The package will only be sent to the email address you specify upon completion. E-mail is convenient, however, security cannot be guaranteed. Additional risks are present when you access e-mail through public places such as the library or an internet café; another person could retrieve the information. Another way of completing the form is to print it, fill in by hand and deliver directly to the recreation program or give to your worker, if one is involved with your family.

Name:	Diagnosis:
DOB:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Some of the child's likes:	Some of the child's dislikes:

Communication: Is verbal and capable of making his/her needs and wants known.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)
- Is verbal and can communicate his/her needs and wants quite well.
 - Uses words; however they may be difficult to understand.
 - Uses some words; however they may be difficult to understand.
 - Uses an augmented device for communication.
 - Is able to make his/her needs and wants known through nonverbal actions as well. Eg. He/she may pull you by the hand to an object that he/she wants.
 - Uses very strong facial expressions in order to communicate his/her wants. Eg. He/she will smile to indicate "yes". He/she may look very unhappy to indicate "no".
 - Will understand you when you speak in clear direct sentences; does have difficulty understanding reciprocal conversations.
 - Further details:



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Understanding: Will understand and follow directions quite nicely.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)
- Will understand what you are saying to him/her. However you should still use clear and simple sentences when communicating with him/her.
 - Will understand and follow directions in small group settings.
 - Can follow instructions when they are visually demonstrated. This will likely increase his/her opportunity to participate in various activities.
 - Is able to follow instructions when you use his/her communication mode. Eg. Picture Exchange Communication System (PECS).
 - Can follow instructions when reminded to watch instructor when you are using visual or very low voice with limited words.
 - Will be successful when prompted by constant verbal reminders and gestures to continue to watch instructor.
 - Will be successful when you prompt activity by modeling the task to be learned.
 - Will be successful with first hand over hand instruction stepped back as he/she acquires skill.
 - Is hearing impaired; he/she can understand you, but responds better to picture symbols and picture schedules.
 - Further details:

Safety concerns: Has typical safety concerns.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)
- Likes to explore and may wander off if he/she is not closely supervised.
 - Is unaware of physical dangers. Eg. water, heights.
 - May not recognize a dangerous situation. Eg. may see something he/she wants and dart in front of a car to get it.
 - Does not understand the concept of "stranger danger".
 - Is impulsive.
 - May mouth non-edible items (i.e. bottle cap lids). Staff should be aware and closely observe. Offer a sensory toy instead, and redirect to a desirable activity.
 - Cannot swim. Must have a life jacket on when near water.
 - Further details:



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Behaviour: Age appropriate, is usually compliant and co-operative.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)
- Is successful when you limit your demands.
 - Is successful when adaptations are made for sensory needs.
 - Is successful when coping/calming strategies are used and working.
 - Can become very anxious and overwhelmed at times.
 - Can get over stimulated or over excited.
 - Can get over stimulated or over excited then have a difficult time understanding when to stop.
 - Can be impulsive and frustrates easily.
 - Can become verbally challenging when forced to do something he/she does not understand or want to do.
 - Can become physically challenging when forced to do something he/she does not understand or want to do.
 - Displays self-injurious behaviour.
 - Has been physically aggressive towards peers.
 - Has been physically aggressive towards adults.
 - Further details:

Social Interactions: Maintains play with others, maintains good relationships.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)
- Is successful with interactions, with established rules that are non-negotiable.
 - Usually won't initiate conversation with his/her peers. If he/she does initiate conversation, it is usually surrounding topics he/she enjoys and knows a lot about.
 - Is successful with peer interaction when rules are established with choice.
 - Is successful in a small group setting.
 - Interacts successfully with 1:1 support.
 - Further details:

Transitions: Is successful with all transitions.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)



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- Is successful with transitions with 2 minute warning.
- Is successful with transitions with minimal reminders.
- Is successful with transitions with support.
- Is successful with transitions if allowed time and space to adjust.
- Is successful with transitions if accompanied with consistent preparation.
- Further details:

Mobility: Enjoys complete independence with his/her mobility.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)

- Has various pieces of equipment to assist with mobility (i.e. stander, wheelchair) and uses them independently.
- Has various pieces of equipment and uses them successfully with 1:1 support
- Is mobile but unsteady on his/her feet. Especially on grass and around curbs, he/she is easily knocked over.
- Can walk short distances, may fall down a lot and he/she becomes nervous when children are moving fast around him/her.
- Further details:

Personal Care Skills: Is independent with personal care.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)

Toileting: Choose the options that best describe your child (tick all that apply)

- Is toilet trained, however, will need assistance going to the bathroom.
- Is successful with continuous reminders to use the bathroom (approximately every 2 hours you should ask if he/she needs to use the bathroom).
- Will be in pull-ups or diapers.
- Further details:

Feeding: Choose the options that best describe your child (tick all that apply)

- Requires total assistance with eating and needs to be fed.
- Needs to be held by the adult.
- Is G tube fed. Requires full support with eating.
- Further details:



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Participation: Can and will participate fully in all activities.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)

- Is successful when directions are understood, ensure he/she understands the directions.
- Is able to fully participate with minimal reminders.
- Is successful when directions are understood, ensure he/she understands the directions by using visuals, communication system.
- Is successful participating as long as there is sufficient modeling, encouragement and a shortened time span.
- Is successful when you limit your demands.
- Is successful but can be non-compliant, and he/she will test boundaries.
- Further details:

Perseverance: Has the ability to stay with all activities.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)

- Has the ability to stay with all activities with reminders and encouragement.
- Has the ability to listen and understand the rules of a particular game, but he/she can become upset if people are not following the rules.
- May need a lot of encouragement to become involved in a group activity.
- Has a low perseverance tolerance. Will need solid strategies.
- Further details:

Recreation Skills: Is successful with most activities/games/sport skills.

- Yes (go to next section) No (choose the options that best describe your child; tick all that apply)

- Is successful when adaptations/strategies are included.
- Is successful with minimal accommodations.
- Is successful with consistent support.
- Further details:



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Additional Information: Please indicate any information that would assist with your child's inclusion.

Consent to Exchange Information: This Consent to Exchange Information section must be completed.

I, _____, parent/guardian, give my consent for the recipient of this document to collect, use and disclose information regarding my child, for the purpose of developing and implementing an Inclusive Recreation Plan. Without limiting the generality of the foregoing, I expressly consent to the exchange of information, including the information contained in this form, personal health information regarding my child, with any organization as may be reasonably necessary for the purpose of developing an Inclusive Recreation Plan, including but not limited to the following entities, their associates and affiliates: Inclusive Recreation Services, Catulpa Community Support Services, Behaviour Management Services of York and Simcoe, Kidz "n" Sports, Community Care Access Centre, Children's Treatment Network, Kinark Child and Family Services, Simcoe Community Services and New Path Child and Youth Services.

Signature of parent/guardian

Date