

SKILLS CHECKLIST

Parent/Guardian/Group Home Staff

****Must be completed for approval process****

www.camphorizons.org -forms available on our website

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Campers over the age of 21 should have this form completed every three years or if changes occur.

CAMPER NAME: _____ DATE: _____

Activities of Daily Living:	Independent	Needs verbal reminders or direction	Needs physical assistance	
1. Uses the toilet appropriately				
2. Asks to go to the toilet				
3. Washes hands and face				
4. Brushes teeth				
5. Maintains body cleanliness				
6. Takes a shower				
7. Shampoos hair				
8. Can apply, change and dispose of sanitary napkin				
9. Dresses self.				
10. Can discriminate clean and dirty clothing				
11. Ties shoes				
12. Can button and zipper				
13. Makes bed				
Meal Instructions:				
1. Uses fork.				
2. Uses spoon				
3. Uses knife for cutting				
4. Drinks from glass				
			YES	NO
5. Eats sandwich without difficulty				
7. Regular diet; eats almost anything				
8. Special diet? Dislikes? Special Instructions? Including substitute foods to be provided by parent or guardian:				
Sleeping Pattern:				
1. Incontinent at night? _____ Yes _____ No Explain:				
2. Will this camper sleep through the night? _____ Yes _____ No Describe camper's sleeping pattern: <i>Note: No awake 3rd shift provided.</i>				
Program/Behavior Support:	Independent	Needs verbal reminders or direction	Needs physical assistance	
1. Can occupy free time without constant supervision				
2. Interacts with staff				
3. Interacts with peers				
4. If your camper is angry or upset what does she / he do? How often does this occur? (1x/mo, 2xs/mo, once in 6 mo.) Explain here/give example:				
5. What makes the camper angry or upset? What works to calm the camper?				
6. Has your camper ever been restrained? Date of last occurrence? Describe.				

Program Skills:

1. Horseback Riding Experience: Yes ____ No ____

_____ Hours of riding instruction
 _____ Style

Notes:

2. Swimming Level:

✓ one	Level		Details/Explanations
	Non Swimmer	Will enter water with assistance	
	Beginner	Can float, get face wet, do flutter kick	
	Advanced Beginner	Can move through water using kickboard or mild physical assistance	
	Intermediate	Can support self in water, go under water, can use a specific stroke	
	Advanced	Can independently swim in deep end	

3. Boating:

- A) Can independently put on a life vest. Yes ____ No ____
- B) Can enter / exit a canoe / rowboat successfully. Yes ____ No ____
- C) Can paddle / row with some degree of accuracy. Yes ____ No ____
- D) Prefers to ride or steer when boating? (circle one)

Names of brothers / sisters / pets: _____

List any special hobbies / interests this camper enjoys: _____

If you have any additional information or comments that would be helpful in providing for your campers' program please write it in the space below.

Signature of person completing this form _____ Date: _____
 Relationship: _____ Telephone: _____
 How long have you known camper or how long has camper resided in this location: _____ House ratio: (GH/CTH) _____

For office use only: COMMENTS: