

SKILLS CHECKLIST

Teacher/Work Instructor/Supervisor

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

www.camphorizons.org -forms available on our website

Camp Horizons, Inc.

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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: _____

Please answer these questions to the best of your knowledge. If checking the "Sometimes" column, please explain in the space provided for comments at the end of this list.

Social Behavior:	Usually	Sometimes	Never
1. Feels secure in new situations but needs reassurance.			
2. Responds to verbal directions from known authority figure.			
3. Has reasonable control, verbalizes / signs feelings.			
4. Behaves well in supervised group program.			
5. Is a good winner and loser, displays good sportsmanship.			
6. Shouts or becomes upset in peer conversations.			
7. Attempts leadership with peers in various play and work activities.			
8. Plays safely under group supervision.			
9. Will share with friends.			
10. Will take property of others without permission.			
11. Does camper display temper tantrum when annoyed or frustrated? 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:			
12. Does camper damage property? Under what circumstances?			
12. Describe situation under which camper may display aggressive behavior.			
13. Has camper ever been restrained? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last occurrence? Describe.			

Communication:	Usually	Sometimes	Never
1. Engages in verbal conversation.			
2. Expresses needs by sign language.			
3. Expresses needs by pointing and gesturing.			
4. Uses understandable speech.			
5. Recognizes name in print.			
6. Responds when name is called.			
7. Prints name.			
8. Is attentive during group activities.			
9. Responds to a simple request.			
10. Uses a chart, behavioral support plan, etc. at school. Please explain and attach a copy. What rewards motivate this camper?			

Notes:

Skill Level	Independent	Needs verbal reminders or direction	Needs physical assistance
1. Can state name, street, house number.			
2. Knows days of the week.			
3. Knows basic colors and shapes.			
4. Knows numbers 1 - 10.			
5. Can identify all coins and knows value.			
6. Can use simple games and toys.			
7. Understands the meaning of morning, afternoon and night.			
8. Can tell time to the hour.			
9. Writes a letter.			
10. Can copy a letter already written.			
11. Can use a computer to send e-mail.			

We would appreciate any additional information you could share with us regarding this camper. Please be sure to indicate any valuable insights and techniques you have found to be effective to aid us in properly programming for this camper.

 Signature of person completing this form Teacher / supervisor / instructor Date
(Must be signed by: classroom teacher/work supervisor/instructor-no exceptions)

Name of School or Location of Program _____
 Contact Phone # _____
 How long have you worked with this camper? _____ Ratio at school/program: _____

What does camper do for work or academics (describe program):

List any particular hobbies / interests this camper enjoys:

Comments or additional information:

