NEEDS ASSESSMENT FORM

PLEASE FILL OUT ONE FORM PER CHILD

THE INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL AND WILL ALLOW US TO ENSURE AN OPTIMAL EXPERIENCE FOR YOUR CHILD AT OUR DAY CAMP. ONLY RELEVANT AND NECESSARY INFORMATION WILL BE DISCLOSED TO THE CAMP COUNSELLOR AND THE IMMEDIATE SUPERVISOR IN ORDER TO ALLOW AN EFFICIENT FOLLOW-UP AND BETTER INTERVENTIONS.

**PLEASE NOTE THAT SOME PARTS ARE OPTIONAL. HOWEVER, THE MORE COMPLETE THE FORM, THE BETTER WE WILL BE ABLE TO ADAPT OUR SERVICE. **

SECTION 1 : IDENTIFICATION OF THE CHILD

Name :	
Family name :	
Sex :	
Birth date :	

Parent's initials confirming the reading of the previous section: ☐

SECTION 2 : DIAGNOSIS AND SPECIAL NEEDS (OPTIONAL*)

CHECK ALL THAT APPLY:	
Motor impairment : ☐	Specify :
Visual impairment: ☐	Specify :
Hearing impairment: ☐	Specify :
Intellectual disability: ☐	Low ☐ Moderate ☐ Severe ☐ Specify :

Attention Deficit Disorder (ADD/ADHD) : ☐	With hyperactivity ☐ Without hyperactivity ☐ Specify :
Autism Spectrum Disoder (ASD) : ☐	Specify :
Language-Speech Disorder: ☐	Expression ☐ Comprehension ☐ Mixed ☐ Specify :
Mental Health : ☐	Anxiety ☐ Attachment disorder ☐ OCD ☐ Depression ☐ Others ☐ Specify :
Epilepsy: ☐	Specify :
Diabetes : ☐	Specify :
Other(s) : ☐	Specify :

Parent`s initials confirming the reading of the previous section: ☐

SECTION 3 : ASSISTANCE

Is your child accompanied during the school year:

Yes ☐

No ☐

Clarifications : _____

What is the most convenient supervision ratio for him/her:

1/1 ☐

1/2 ☐

1/3 ☐

Other: ☐

Clarifications : _____

Parent's initials confirming the reading of the previous section: ☐

SECTION 4 : BEHAVIOURS AND INTERESTS

CHECK ONLY BEHAVIORS THAT ARE APPLICABLE:	
Does he/she tend to throw tantrums?	Never ☐ Sometimes ☐ Often ☐ If it is sometimes or often : What are the warning signs (agitation, isolation, aggressivity, etc.)? Specify: _____ _____ _____ What are effective interventions to prioritize during these crisis episodes? Specify: _____ _____ _____ _____ _____ _____
Does he/she have any phobias and/or fears?	Yes ☐ No ☐ If yes: Which ones, and what interventions should be prioritized in this regard? Specify: _____ _____ _____ _____ _____ _____
Behaviors :	Self-aggression (e.g., hitting, hurting themselves) ☐ Context in which this behavior is likely to occur: _____

Suggested/prioritized intervention method:

Aggressiveness towards others (e.g., yelling at others, pushing others, hitting others) ☐

Context in which this behavior is likely to occur:

Suggested/prioritized intervention method:

Anxiety (feeling of danger, overreaction, distress, avoiding certain situations) ☐

Context in which this behavior is likely to occur:

Suggested/prioritized intervention method:

	Running away (the child tends to leave the group without warning/runs away from the group or the camp counsellor) ☐ Context in which this behavior is likely to occur: _____ _____ _____ Suggested/prioritized intervention method: _____ _____ _____ **Stereotypy (attitudes, gestures, actions or words without apparent meaning that are repeated over and over again, sometimes to the point of causing injury. Example: head banging, thumb sucking, regular and rhythmic head nodding, etc.)** ☐ Context in which this behavior is likely to occur: _____ _____ _____ Suggested/prioritized intervention method: _____ _____ _____ **Others (specify) :** ☐ _____ Context in which this behavior is likely to occur: _____ _____ _____ Suggested/prioritized intervention method: _____ _____
Interests, hobbies, pastimes, strengths (in what area(s) is your child good?:	Specify : _____ _____ _____ _____

Relationship with others: How does he/she interact with :	His/her peers : Authority figures : New people :
Other relevant information that allows us to adapt our interventions and services to facilitate better participation of the child (e.g.: rest periods, visua schedule, etc. *** Name what works well at home, school, etc.**	

Parent's initials confirming the reading of the previous section : ☐

SECTION 5 : AUTONOMY LEVEL

LEGEND:

Constant assistance: The child needs help and support at all times.

Occasional assistance: The child requires occasional assistance and support, depending on the situation.

Autonomous: The child is autonomous and does not require any assistance.

CHECK ALL THAT APPLY :	
Communication :	**Communication with others :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ **Compréhension of instructions :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ **Being understood:** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ **Communication aids used:** - Pictograms ☐ - Charts ☐ - Computer ☐ - Quebec Sign Language (LSQ) ☐ - Gestures ☐ - Animated hands ☐ - Others : ☐ _____ _____ _____
Activity participation :	**Encouraging participation:** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ **Interaction with adults:** - Constant assistance ☐ - Occasional assistance ☐ - Autonome ☐ **Interaction with other kids :** - Constant assistance ☐ - Occasional assistance ☐

	- Autonomous☐ **Group activities :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ If needs occasional or constant assistance, specify : _____ _____ _____ **Fine motor activity (crafts, manipulations, insertions, etc.) :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ If needs occasional or constant assistance, specify: _____ _____ _____ **Gross motor activities (sports, ball, etc.) :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ If needs occasional or constant assistance, specify: _____ _____ _____
Daily life :	**Clothing (dressing, tying shoes) :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ If needs occasional or constant assistance, specify: _____ _____ _____

Personal hygiene :

Use of the bathroom:

- Constant assistance ☐
- Occasional assistance ☐
- Autonomous ☐

If needs occasional or constant assistance, specify :

_____
_____
_____

Hand washing :

- Constant assistance ☐
- Occasional assistance ☐
- Autonomous ☐

If needs occasional or constant assistance, specify :

_____
_____
_____

Other(s) (diapers, etc.):

Specify :

_____
_____
_____

Eating behaviors:

Eating :

- Constant assistance ☐
- Occasional assistance ☐
- Autonomous ☐

If needs occasional or constant assistance, specify :

_____
_____
_____

Appetite level :

- Good ☐
- Moderate ☐
- Small ☐

If needs occasional or constant assistance, specify :

_____
_____
_____

	Other(s) (gavage, dietary restrictions, special diet, etc.) : Specify: _____ _____ _____ **Manage personal belongings (lunch box, backpack, etc.) :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ If needs occasional or constant assistance, specify : _____ _____ _____ **Stay with the group :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ If needs occasional or constant assistance, specify : _____ _____ _____ **Hazard awareness (immediate intuitive or reflexive knowledge when a hazard is present. Example: proper use of scissors, looking both ways before crossing, etc.)** - Always ☐ - Sometimes ☐ - Never ☐ If sometimes or never, specify/give examples: _____ _____ _____
Travels :	**Short distances (moving between play stations, walking to the bathroom, on the day camp grounds, etc.) :**

	- Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ If needs occasional or constant assistance, specify : _____ _____ _____ **Long distances (going to the park, going for a walk, etc.) :** - Constant assistance ☐ - Occasional assistance ☐ - Autonomous ☐ If needs occasional or constant assistance, specify : _____ _____ _____ **Method of moving:** - Walk ☐ - Manual wheelchair ☐ - Motorized wheelchair ☐ - Adapted stroller ☐ - Cane(s)/crutches☐ - Walker ☐ - White cane ☐ - Guide dog ☐ - Other (specify) : ☐ _____ _____ _____
Transfer method :	The child needs support : Yes ☐ No ☐ If so, how? Specify: _____ _____ _____

Other(s) :	Tibial orthoses ☐ Wrist orthoses ☐ Corset ☐ Other (specify) : ☐ _____ _____ _____

Parent's initials confirming the reading of the previous section : ☐

PARENTS' AUTHORIZATION :

AUTHORIZATION TO DISCLOSE INFORMATION:

1. I hereby authorize the Day Camp to contact my CLSC or the rehabilitation services of the Integrated Health and Social Services Centres in my sector for questions concerning my child's integration into the Day Camp :

   Yes ☐

   No ☐

   Does not apply ☐

   Names of intervening parties: _____

   Phone number : _____

   Parent's signature : _____

2. I hereby authorize the Day Camp to contact the school personnel (teacher or complementary services) for questions regarding my child's integration into the day camp:

   Yes ☐

   No ☐

   Does not apply ☐

   School : _____

   Names of people to contact: _____

   Phone number : _____

Parent's signature : _____

I hereby confirm that I have read the entire needs assessment form and agree to:

- To communicate any information concerning changes in my child's health, if applicable, before the beginning of the day camp and throughout the day camp period.
- To collaborate with the day camp administration and to come and meet with them to do a regular follow-up, if needed.

Name of parent or guardian (printed letters) : _____

Parent or guardian's signature : _____

Date of signature : _____