

Barnabas Camper Questionnaire

We have campers with varying verbal and physical capabilities who attend our special needs camps. It is our wish to assist your camper in feeling secure, comfortable, and happy. In order to better match your camper with a Special Friend, it is helpful to acquaint ourselves with your camper's skills and personality. Please complete this form thoroughly and return it to us within three weeks of receipt.

Camper's Name: _____

Male / Female: _____

Age while at Camp: _____

Camper T-Shirt Size: _____

Emergency Contacts:

	Primary Contact	Secondary Contact
Name		
Phone Number		
Email Address		
Relation to Camper		

Camper's Interest:			
<input type="checkbox"/> Singing	<input type="checkbox"/> Dancing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Sports
<input type="checkbox"/> Drawing / painting	<input type="checkbox"/> Music	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Animas
Other:			

Camper's Interest:		
<input type="checkbox"/> Singing	<input type="checkbox"/> Dancing	<input type="checkbox"/> Reading
<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Art	
Other:		

Camper's Fears / Dislikes:			
<input type="checkbox"/> Water	<input type="checkbox"/> Animals	<input type="checkbox"/> Darkness	<input type="checkbox"/> Fireworks
<input type="checkbox"/> Thunder / lightning	<input type="checkbox"/> Insects	<input type="checkbox"/> Heights	
Other:			

Is your camper prone to any of the follow?			
<input type="checkbox"/> Shyness	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Wandering away	<input type="checkbox"/> Being emotional /
<input type="checkbox"/> Hiding	<input type="checkbox"/> Tantrums	<input type="checkbox"/> Aggressive behavior	Having feelings hurt
Additional Explanation (if needed):			

How independent is your camper?

- ☐ Very independent
- ☐ Somewhat independent
- ☐ Needs close supervision

How well is your camper able to communicate their needs and wants?

- ☐ Very capable
- ☐ Somewhat capable
- ☐ Camper may have difficulty communicating needs

What is your camper's comprehension level?

- ☐ Functions at age appropriate level
- ☐ Functions below age level

Comments _____

Does your camper wet the bed?

- ☐ No
- ☐ Occasionally
- ☐ Often

How well does your camper handle the following? (Please check one)

	Handles well / Is not bothered	May struggle sometime	Does not handle well
Changes to Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud Noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering / Following instructions (even if not what camper wants to do)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addition Comments:			

How independent is your camper with personal hygiene? (Please check one)

	Independent	Needs reminders	Needs Assistance
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting ready for the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feminine Hygiene (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addition Comments:			

Medical / Dietary needs on next page

Medication / Dietary Needs

In addition to your camper's medical form, please provide the Barnabas Staff with additional information to help us meet your camper's medical and dietary needs.

When does your camper receive medication?

Are there special routines your camper follows to take their medication?

What special dietary needs does your camper have?