Municipalité de | Municipality of Pontiac

ASSESSMENT OF NEEDS

This information is **confidential** and will allow your child to have a fulfilling camp experience! Only the information deemed relevant will be divulgated to his animator and his immediate supervisor to allow better interventions.

Please fill in the sections relevant to your child and return the form by -----, the latest.

1. IDENTIFICATION OF THE CHILD

Name		Gender	
Surname		Date of birth	

2. DIAGNOSTIC AND SPECIFIC NEEDS

☐ **Intellectual disability**	☐ **Mild** ☐ **Moderate** ☐ **Severe** Specify :
☐ **Autism spectrum disorders (ASD)**	Specify if formerly Asperger, PDD-NOS or other :
☐ **Motor deficiency**	Specify :
☐ **Visual deficiency**	Specify :
☐ **Hearing impairment**	Specify :
☐ **Langage-speach impairment**	☐ **Speaking** ☐ **Understanding** ☐ **Mixt** Specify :
☐ **Attention Deficit Disorder (ADD/ADHD)**	☐ **With hyperactivity** ☐ **Without hyperactivity** Specify :
☐ **Mental health**	☐ **Anxiety** ☐ **Attachment disorder** ☐ **OCD** ☐ **Depression** Other(s), specify :
☐ **Behavioural disorder**	☐ **Opposition** ☐ **Agression** ☐ **Passivity** Other(s), specify :
☐ **Diabetes**	Specify :
☐ **Epilepsy**	Specify :
☐ **Other(s) (Down syndrome, etc)**	Specify :

3. ACCOMPANIMENT

Does your child need an attendant? Yes ☐ No ☐	To the best of your knowledge, what is the supervision requested for your child? ☐ 1/1 ☐ 1/2 ☐ 1/3 ☐ Other :
Does your child have an attendant during the year? Yes ☐ No ☐	

4. ALLERGIES, INTOLERANCES AND FOOD RESTRICTIONS

Allergies and/or intolerances? (food, animals/insects, medication or others) Yes ☐ No ☐ **Specify :** _____ _____ Signs or symptoms to watch for : _____ _____	**Specify the severity :** Intolerance ☐ Mild allergy ☐ Severe allergy ☐ Life-threatening allergy ☐ Allergy if swallowed only ☐ Allergy by contact ☐
Epinephrine auto-injector (*Épipen, Twinject or other*) Yes ☐ No ☐	**Individuals authorized to administer:** The child himself ☐ Responsible adult ☐
Foods restrictions (other than allergies)? Oui ☐ Non ☐ Specify :	
How well does he eats? Easily ☐ Hardly ☐ Poor appetite ☐	

5. MEDICATION

In order to be in compliance with the law and to allow us to give the medication, you **must** attach a copy of the medication's prescription with this form.

Does your child need to take medication at the camp? Yes ☐ No ☐ **If so, please fill in this chart :**

Name of the medication	Prescribed for	Dosage	Side effects and/or contraindications (Sun exposure, hydration, appetite, etc.)

Does he take medication during the year? Yes ☐ No ☐ If so, which one(s) :_____

_____ Prescribed for :_____

6. HEALTH SITUATION
Please tick relevant box(es) :

Health situation	Specifications, actions to be taken, etc
☐ Asthma	
☐ Constipation	
☐ Diarrhea	
☐ Eczema	
☐ Insomnia	
☐ Motion sickness	
☐ Migraines/Frequent headaches	
☐ Menstruations	
☐ Frequent nausea/ Vomiting	
☐ Frequent earaches	
☐ Bed-wetting	
☐ Heart condition	
☐ Skin condition	

☐ Nose bleed	
☐ Sinusitis	
☐ Sleepwalking	

Did he ever had the following?	Did he ever have surgery or severe ilness?	
☐ Chickenpox	Yes ☐ No ☐	
☐ Mumps	Date : Reason :	
☐ Scarlet fever	Results :	
☐ Measles	Did he ever suffer severe injury? Yes ☐ No ☐	
☐ Others (Specify)	Chronic or recurrent illness? Yes ☐ No ☐	
Vaccines up-to-date? Yes ☐ No ☐	Date of last vaccine DPT (Tetanus):	
Sight : ☐ Excellent ☐ Sufficient ☐ Poor ☐ Glasses/Contact lenses ☐ Blindness ☐ Specialist guide ☐ White cane	Hearing : ☐ Excellent ☐ Sufficient ☐ Poor ☐ Hearing aids (Two ears) ☐ Right ear only ☐ Left ear only	

8. BEHAVIOUR AND INTERESTS

Should we pay attention to certain behaviours? Please tick relevant box(es) :

Behaviour	**In which contexts might the behavior arise?**	**How would you suggest intervening? (Ignore, humour, redirect, etc.)**
☐ Aggressive towards himself		
☐ Aggressive towards others		
☐ Anxiety		
☐ Self-harm		
☐ Runaways		
☐ Particular habits or fads (accepted or not non)		
☐ Others (Specify)		
Does he have a tendency to do fibs? Yes ☐ No ☐	If so, what are the warning signs? (agitation, isolation, etc)	What are the best known methods to use during these crises?

Does he have phobias or and/or fears? Yes ☐ No ☐	If so, which one How would you suggest intervening? (Ex. animals, water, vertigo, etc)

Does he have any difficulty to express his feelings, to ask for help or to start a conversation? Yes ☐ No ☐	Does he adjust easily to new individuals, activities, experiences? Yes ☐ No ☐

What are his main interests, hobbies and recreation?	
What are the best ways to encourage/motivate him?	
Relations with others – How does he interact with :	
His peers	
Authority figures	
New people	

Other information you would like to share concerning your children? (ex. recent important changes in his family life, particular considerations, etc.)_____

_____

_____

Other information allowing us to implement services or measures which may facilitate the child's participation (ex. illustrated schedule, breaks, rest periods, etc.)_____

_____

_____

8. AQUATIC CAPABILITIES

Autonomy in water :** ☐ Can swim by himself in deep water ☐ Can swim by himself in shallow water ☐ Can swim alone with PFD	☐ Needs help ☐ Doesn't swim ☐ Must wear earplugs **** If the child is epileptic, please meet with the personne in charge to discuss wearing a PFD**
Did he attend any swimming lessons? Yes ☐ No ☐	Last level completed :

****For information purposes only. Supervision is always required in aquatic environments.

9. LEVEL OF AUTONOMY

		Continued support	Occasional support	Verbal monitoring	Autonomous
Communication	Communication with others				
	Understanding of the instructions				
	Makes himself understood				
	Support use for communication : ☐ Pictograms ☐ Board ☐ Computer ☐ Québec sign language(LSQ) ☐ Gestures ☐ Animated hands				
Participation to activities	Stimulation for participating				
	Interaction with adults				
	Interaction with other children				
	Functionning within a group				
	Fine motricity activities (DIY, handling, insertions, etc)				
	Global motricity (sports, psychomotor games, balloons, etc)				
Every day life	Getting dress (tie his shoes, etc)				
	Personal hygiene				
	Specify : (catheter, diapers, etc)				
	Alimentation				
	Manage his personal belongings (ex. lunch box, back pack, etc).				
	Stays with the group				
	Avoid dangerous situations (danger awarness)				
Travelling	**Short trips/at the camp** (Please specify the autonomy level) ☐ Manual wheelchair				
	☐ Motorized wheelchair				
	☐ Adapted stroller				
	☐ Cane(s)/crutches				
	☐ Walker				
	☐ Autonomous (can walk)				
	Outings/long distances? ☐ Identical ☐ Different				

Transfer method

☐ With support from 2 persons
☐ Uses a lift system
☐ Rotate to transfer (stand up with support)
☐ Transfer at the same level
☐ Others (specify) :_____

_____

Others

☐ Tibial orthotics
☐ Wrist orthotics
☐ Corset
☐ Other (specify) : _____

_____