



UVic Camp Programs Inclusion Intake Form: Summer 2023

Section I: Participant Information	
Child's Name & Pronouns, Preferred Names:	Date of Birth:
Diagnoses: (Learning Disabilities, Intellectual Disabilities, Cognitive Function, Physical Disabilities)	
Allergies: (Requires use of EpiPen)	
Parent/Guardian: (Primary Contact)	Relationship to Child:
Primary Phone:	Primary Email:
Parent/Guardian: (Secondary Contact)	Relationship to Child:
Secondary Phone:	Secondary Email:
Section II: Educational Assistance	
My child requires a full time Educational Assistant (EA) at school: <input type="checkbox"/>	
My child requires a part time Educational Assistant (EA) at school: <input type="checkbox"/>	
My child does not need an Education Assistant (EA) at school: <input type="checkbox"/>	
Section III: Social Skills	
<input type="checkbox"/> Enjoys peer interactions	<input type="checkbox"/> Finds large groups challenging
<input type="checkbox"/> Able to focus during activities	<input type="checkbox"/> Overwhelmed in busy/noisy environments
<input type="checkbox"/> Transitions well from one activity to another	<input type="checkbox"/> Struggles with transitions
<input type="checkbox"/> Requires assistance in comprehension of complex games or activities	<input type="checkbox"/> Needs sensory breaks in a quiet space
	<input type="checkbox"/> Other (please describe):

Section IV: Behavioural Information

- | | |
|--|--|
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Swearing or use of inappropriate language |
| <input type="checkbox"/> Spitting or Biting | <input type="checkbox"/> Wandering, hiding or running away |
| <input type="checkbox"/> Upsets easily | <input type="checkbox"/> Unpredictable behaviour/impulsivity |
| <input type="checkbox"/> Self-harm behaviours | <input type="checkbox"/> Fears/phobias |
| <input type="checkbox"/> Trouble assessing risk (fearlessness) | <input type="checkbox"/> Destructive behaviour |
| | <input type="checkbox"/> Other (please describe): |

Section V: Support Strategies

Please describe successful strategies or de-escalation techniques to support your child's needs:

Section VI: Strengths

Please describe your child's favourite activities, games, music, group work, etc:

Section VII: Stretches

Please describe activities your child finds difficult (transitions, large groups, overstimulation, rules, authority, sensory, etc.):

Section VIII: Additional Information

Please describe any additional information you'd like us to know about how we can best support your child during their summer camp experience:

Signature of Parent/Guardian:	Date:
Signature of Inclusion Coordinator:	Date: