



## YMCA All For One Assessment

Participant's Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: M  F  Age & Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Disability/Diagnosis: \_\_\_\_\_

Secondary Disability/Diagnosis: \_\_\_\_\_  
(Other Medical Conditions)

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have a coordinator or case worker? If yes, please list all contact information:

\_\_\_\_\_

### Medical Information:

Is the participant subject to seizures? Yes  No

Describe type and frequency: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Does the participant require rest after a seizure occurs? Yes  No

Are seizures controlled by medication? Yes  No

Does the participant use/wear any of the following devices? (Please check all that apply)

Contact Lenses  Orthopedic Devices  Hearing Aid

Prosthesis  Glasses  Other  \_\_\_\_\_

### Mobility Information:

Is the participant ambulatory? Yes  No

Does the participant use a wheelchair? Yes  No

Is the participant able to self-transfer? Yes  No

Circle other assistive devices used for ambulation: Cane  Walker  Brace  Crutches

Does the participant use any other adaptive equipment? Yes  No

If yes, please explain: \_\_\_\_\_

### Communication:

Age Appropriate Verbal? Yes  No

Does the participant use sign language? Yes  No

Can the participant read and write? Yes  No

Do they utilize a picture/visual schedule? Yes  No

Please specify other communication needs or methods: \_\_\_\_\_

**Safety:**

Willing to stay within the group? Yes  No

Can recognize danger? Yes  No

Can be responsible for belongings? Yes  No

May wander or run? Yes  No

**Personality/Behavior – Please explain the following:**

What is the best way to engage or redirect the participant?

\_\_\_\_\_  
\_\_\_\_\_

How do you comfort the participant? \_\_\_\_\_

Does the participant have specific fears/phobias? (i.e. dogs, heights, confinement)

\_\_\_\_\_

Are there settings or activities that may prohibit participation? (noisy surroundings, flashing lights) \_\_\_\_\_

How will the child handle pool time? How much behavioral or safety support does the child need during that time?

\_\_\_\_\_  
\_\_\_\_\_

Please explain the best way to introduce or explain new tasks or transitions:

\_\_\_\_\_

What other type/s of additional accommodations are needed for the participant to successfully participate in YMCA programs?

\_\_\_\_\_  
\_\_\_\_\_

Please help us develop 3 objectives that you would like to see your child accomplish during their time at camp:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_