



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. _____