

INTEGRATION SUPPORT PROGRAM: INTAKE FORM

GNAG has successfully received federal funding to help us better support and address the special needs of our campers who may require extra assistance. Our Integration Support Team is here to help and make summer camp an enjoyable experience for your child. The primary aim of the Integration Support Program is inclusion and integration, achieved through low-ratio and/or one-on-one support.

Please help us by filling out the following information with your child

Name of Camper:
Name of Camp(s):
Date(s) of Camp:
What are some activities that you enjoy or are interested in?
What are some activities that you do not like or that bother you?
What can we do to make you feel more comfortable?
What are some things that might make you uncomfortable?
What are some behaviours that may occur and what can we do to support you?
What are some of the strategies used at home or school to encourage positive behaviour or address negative behaviour?
Will you be bringing any devices, toys, special objects, etc from home to camp? If yes, please list.
Is there anything else you think we should know about you?

Access	ibility Informa	ition		
DIAGNOSIS:				
DOES THE PARTICIPANT USE A WHEELCHAIR?	YES	NO S	OMETIMES	
IS THE WHEELCHAIR: MANUAL ELE	ECTRIC EASY	TO TRANSPOR	T? YES	NO
IF USING A WHEELCHAIR WHILE TRAVELLING TRANSFERRED TO A SEAT? YES NO	ON A SCHOO	L BUS CAN TH	E PARTICIPAN	IT BE
INDIVIDUA	AL SUPPORT	REQUIRED		
What type of assistance does the camper require with:	No assistance	Supervision	Partial Assistance	Total Assistance
Eating Toileting				
Dressing (changing into swimwear)				
Physically aggressive behaviour (hitting, biting, kicking, etc.)				
Verbally aggressive behaviour (use of profanity, vulgar language)				
Staying with the group while off site Staying with the group while in the community centre				
Day trips				
Making connections with other campers Participating in group activities				
Swimming Swimming				
Motivation to focus and/or stay on task				
DOES THE PARTICIPANT REQUIRE A 1 STAFF: 1 C. DOES THE PARTICIPANT REQUIRE LOW RATIO SU			NO PERS)?	YES NO
WE WILL CONTACT YOU FOR A FOLLOW UP TO DI PLEASE PROVIDE YOUR CONTACT INFORMATION		ETAILS OF THE	E INCLUSION I	NTAKE FORM.
NAME:				
HOME PHONE:				
CELL:				
EMAIL:				