



EVALUATION FORM OF THE CHILD'S NEEDS

SUPPORT PROGRAM FOR SUMMER CAMPS

DORVAL DAY CAMP AND ADVENTURE QUEST CAMP

Note that this form is not a registration form and, therefore, does not constitute the official registration of your child.

Please complete the sections that are applicable to your child and return the completed form to the following email address:
pa@ville.dorval.qc.ca

1. IDENTIFICATION OF THE CHILD

Given name

Surname

Address

Telephone
number

Date of birth

Age

Parent or
guardian

Telephone
number

Email

2. SUPPORT HISTORY

Day Camp

Is your child in their first year of camp?

Yes

No

If no, at which camp did they attend?

Have you noticed significant changes in your child's life since last year?

Yes

No

If yes, which ones?

School year

Does your child benefit from special support at school?

Yes

No

If yes, what type of support does your child have? (resource teacher, speech therapist, psychoeducator, special education technician, etc.)

Is your child in a specialized class during the school year?

Yes

No

Does your child always have a chaperone during the school year?

Yes

No

3. DIAGNOSIS OF THE CHILD

Is your child awaiting a diagnosis?

Yes

No

Has your child received a diagnosis?

Yes

No

4. CHILD’S INTERVENOR(S) (specialized educator, social worker, psychologist, etc.)

Occupational therapist, physio-therapist, doctor, teacher, etc.

School (specify school)

Other (specify)

Name of the professional

Title

Telephone (including extension number) and email

Name of the professional

Title

Telephone (including extension number) and email

There are no intervenor following my child

5. DIAGNOSIS, SPECIAL NEEDS, AND HEALTH

Check what is applicable and provide details of the diagnosis, if necessary.

DIAGNOSIS	NATURE OF THE LIMITATIONS	DETAILS, IF NECESSARY
Intellectual disability	Mild Average Severe	
Autism Spectrum Disorder (ASD)	Level 1 Level 2 Level 3	
Motor, visual, or hearing impairment	Motor Visual Hearing	
Speech/language disorder	Comprehension Expression Mixed	
Attention Deficit Disorder	With hyperactivity Without hyperactivity	
Behavior disorder	Opposition Aggressiveness Anxiety Passivity	
Diabetes		
Epilepsy		
Other (specify):		

6. PRIVILEGED INTERVENTION

How should we intervene in the presence of one of these behaviors?

(Example: aggressiveness towards oneself, aggressiveness towards others, anxiety, tactical discomfort, tendency to throw tantrums, etc.)



7. ASSESSMENT OF THE LEVEL OF SUPPORT NEEDED

In the following life situations, the child needs:

SITUATIONS	Constant help	Frequent help	Occasional help	Verbal supervision	No help
Dressing (ex.: dress oneself, tying shoes, etc.)					
Personal hygiene (ex.: bathroom) Wears diapers: Yes No Specify:					
Feeding (ex.: meals and snacks) Specify:					
Manage personal belongings (ex.: lunch box, backpack, etc.)					
Staying with the group					
Avoid dangerous situations (awareness of danger)					
Participation stimulation					
Interaction with adults					
Interaction with other children					
Operation of the group					
Fine motor activity (crafts, manipulations, insertions, etc.)					
Global motor activity (sports, psychomotor games, ball, etc.)					
Swimming					
Understanding instructions					
Being understood					
Getting around (if the child uses a wheelchair, go to the next question), walking on uneven terrain					
Walking long distances					
Stairs					
Bus					

DAILY LIFE	Yes	No	Specify
Use of a wheelchair			
Use of a walker			
Use of a cane or crutches			
Other			
Use of pictograms, blackboard, computer			
Sign language			
Gestures			

8. CHILD’S STRENGTHS AND INTERESTS

What are your child’s strengths?

What are your child’s interests, hobbies, and leisure activities?

9. RELATION WITH OTHERS

How does your child interact with:

Family and friends?

Peers?

People in authority?

New people?

10. PARTICIPATION

What are the best means or measures to facilitate your child’s participation?

What elements could harm or limit your child’s participation in a regular day of day camp?

SCHEDULE OF CHILD’S ATTENDANCE AT THE DAY CAMP

Check the weeks that you wish to register your child for the day camp.
This is not a registration. The information is used solely for administrative forecasting purposes.

WEEKS AT THE DORVAL DAY CAMP	
Week 1: June 23 to 27	
Week 2: June 30 to July 4	
Week 3: July 7 to 11	
Week 4: July 14 to 18	
Week 5: July 21 to 25	
Week 6: July 28 to August 1	
Week 7: August 4 to 8	
Week 8: August 11 to 15	



WEEKS AT THE TEEN ADVENTURE QUEST CAMP	
Week 1: July 2 to 4	
Week 2: July 7 to 11	
Week 3: July 14 to 18	
Week 4: July 21 to 25	
Week 5: July 28 to August 1	
Week 6: August 4 to 8	
Week 7: August 11 to 15	

PARENT/GUARDIAN'S SIGNATURE AND AUTHORIZATION:

We hereby authorize the City of Dorval to communicate with the resource persons mentioned in this form for all information necessary for the study and follow-up of this application for integration for

_____.

(Child's name)

It is understood that all information obtained through documents or contact with stakeholders will remain confidential and will be used only within the framework of this process.

This document will remain confidential and be consulted only by personnel who will interact with your child. This precious information will allow us to prepare the elements for integration into summer activities to provide a better enriching experience for the participant.

I declare that the information provided in this form is complete and true.

Surname, given name

Signature Date

X

