CAMPer name:	LY CAMPER		L. IL KI	Tribe:		
Couns. FULL name:	CCC first name:					
Session #		Mon	Tue	Wed	Thu	Fri
Eating well	(scale 1 - 5)					
Drinking fluids	(# of cups)					
Resting well	(scale 1 - 5)					
Bath/Shower	(Y/N)					
Shampoo	(Y/N)					
Brushed teeth	(Y/N)					
Clothing changed	(Y/N)					
Bowel Movement	(# of times)					
Urination	(# of times)					
Taken to Infirmary	(Y/N)					
Body Surface Review*						
CCC's Initials						
*note any bruises, re abrasions, or other a areas of the skin:						

CAMPer Evaluation
Mobility: Fast Average Slow Wanders
Medical Needs: Seizures G-Tube Cath Meds None Medical Concerns:
Direct Care Assistance:
Behavioral Assistance: Severe Moderate Mild None Effective Behavior Management Techniques:
Other Comments or Hints:
Suggest Pump Room for needs: Medical BehaviorNo
Suggest Camper to Counselor Ratio:1:2 1:1 2:1 3:1 4:1

Return Hygiene Card to CCC on Friday.

Do not give this card to the parents!

This is a document that must be kept on file.

Tips on Filling Out Front of Hygiene Card

Use 1-5 Scale (1= poor; 3= average; 5= wonderful)

- Eating Well: 1-5 Scale
- Drinking Well: # of cups of fluid
- Resting Well: 1-5 Scale
- Bath/Shower: Y/N
- Shampoo: Y/N
- Brushed Teeth: Y/N
- Clothing Changed: Y/N
- Bowel Movement: # of times
- Urination: # of times
- Taken to Infirmary*: Y/N
- CCC's Initial: Turn in this card each evening to CCC for initialing.
- If you mark a "Y" on "Taken to the Infirmary," you must explain why at the bottom of the card.

Tips on Filling Out Back of Hygiene Card

This evaluation is important when assessing camper for next year's session. Please fill out **all** areas that relate to your camper.

- Note camper mobility
- Note any Direct Care need/hints
- Note Effective Behavior Management Techniques
- Note any other important information
- Note camper: counselor ratio