



# WHO AM I FORM SUMMER 2026

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Welcome! This form helps us understand your child's unique needs so we can plan the best possible camp experience. Please complete this form and return it at least two weeks before your child's first day.*

## 1. PRIVACY & PARTNERSHIP TRANSPARENCY

*Please read the following legal information regarding your data.*

The information you provide will be kept confidential but may be shared with individuals working closely with your child. This personal information is collected under the authority of *The University of Manitoba Act* and will be used for the registration and admission of applicants of Mini U Programs. It will not be disclosed for other purposes unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have questions about the collection of your information, please contact: **Access and Privacy Office** 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2 **Phone:** 204-474-9462

## 2. SCHOOL COORDINATION (All Campers)

To ensure consistency between school and camp, we may need to contact your child's school to discuss successful strategies used in the classroom.

- Do we have permission to contact your child's school?  Yes  No

School Name: \_\_\_\_\_

School Contact (Title & Contact): \_\_\_\_\_

## 3. PARTNERSHIP CONSENT (Made for U ONLY)

*Please complete this section **ONLY** if your child is registered in the Inclusion Specialty Program (Made for U).*

**A. Full Circle Community Partnership** We partner with Full Circle Community to help assess and support camper needs. As part of this service, Full Circle staff may reach out to your child's school to ensure a consistent support plan. Do we have permission for Full Circle Community to contact the school?  Yes  No

**B. Masters of Occupational Therapy (OT) Involvement** Mini U Programs, in collaboration with the University of Manitoba, engages Masters of OT students to assist in and supervise the camp experience. These students provide valuable support while gaining professional experience. Do you give permission for Masters of OT students to work with your child?  Yes  No

## Authorization & Signature

I have read the privacy and partnership information above and give my consent for the involvement of the partners and students indicated.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## A. PROGRAM SELECTION

*Please select the camp you have REGISTERED for:*

- Integrated Mini U Program** (Typical camp groups with inclusion support; Mini U or CDS funded)
- Inclusion Specialty Program – Made for U** (Small group, clinician-led model)
- No Support** – Participation in camps **without** a one-on-one inclusion leader. NOTE: If we cannot safely support your child without 1-on-1 care and a spot is unavailable, you may need to arrange for external support or withdraw for the week. *We will work with you to explore all possibilities as early as possible.*

## B. MEDICAL INFORMATION

### 1. Does your child have any known (or suspected) diagnoses?

---

---

### 2. Does your child have a URIS (Unified Referral and Intake System) plan? (Common for anaphylaxis, asthma, seizures, or diabetes)

- Yes — Please submit a copy of this plan with your form.*
- No*

## C. GOALS & INTERESTS

### 1. What do you/your child hope to achieve during their time at Mini U?

---

---

### 2. Likes & Interests: (What are some of their favorite activities, interests, or talents?)

---

---

### 3. Dislikes: (Are there specific activities they dislike or struggle with?)

---

---

## D. COMMUNICATION

### 4. How does your child communicate their wants and needs? (Please check all that apply)

- Full Sentences
- One Word to Short Phrases
- Gestures / Body Language
- Facial Expressions
- AAC Device (iPad, App, or Board)

*If using an AAC device, are they still learning to use it?  Yes  No*

**5. What are the best ways for our staff to communicate with your child? (e.g., using visual symbols, specific keywords, songs, direct verbal instructions)**

---

---

**6. Are there specific words or phrases to AVOID? (e.g., Don't say "Calm down")**

---

---

## E. SOCIAL & GROUP PARTICIPATION

**7. How does your child usually play with other kids? (Please check all that apply)**

- Seeks out other children
- Plays side-by-side
- Prefers to play alone
- Likes to play physically (tag, wrestling, roughhousing)
- Actively avoids other children
- Other: \_\_\_\_\_

**8. Group Tolerance** Approximately what percentage of the camp day is your child able to spend participating with a group of children their own age?  0–25%  26–50%  51–75%  76–100%

## F. BEHAVIOUR & REGULATION

**9. What might cause your child to become dysregulated, upset, or mad? (Please check all that apply)**

- Unexpected change in routine
- Sensory overwhelm / Loud noises
- New environments
- Unwanted physical touch / Someone in their space
- Being told "no"
- Being hungry or tired
- Transitions (Stopping one activity to start another)
- Other: \_\_\_\_\_

**10. What does your child do when they are dysregulated? (Please check all that apply)**

- Cry
- Scream
- Shut down / Withdraw
- Run away
- Physical aggression (Hit, Kick, Bite, Pinch, Scratch)
- Other: \_\_\_\_\_

**11. Frequency and Severity:** (How often do these reactions occur? e.g., Daily? Only when very tired?)

---

---

**12. What support does your child need to calm down?** (Please check all that apply)

- Quiet Space / Break from the group
- Movement Break (Run / Walk)
- Access to calming materials (Fidgets, weighted items, ear defenders)
- Physical Touch (Hugs/Squeezes)
- Prefers to calm themselves independently
- Other: \_\_\_\_\_

**13. Would someone without special training be able to handle your child's most disapproving response?**

- Yes
- No Please explain: \_\_\_\_\_

**14. Drop-off & Pickup:** These times are loud and busy. Does your child need a quieter drop-off location to be successful?

- No.
- Yes, we require a quieter meeting spot.

## G. ASSISTANCE & MOBILITY

**15. Educational Assistant (EA):** Does your child have the support of an EA at school?

- No
- Yes (Full time)
- Yes (Part time)

**16. Mobility & Assistive Technology:** (Please check all that apply)

- Wheelchair
- Stroller
- Walker / Cane / Crutches
- Transfer belt / Lift vest
- Hearing aids
- Orthoses (Ankle/Foot)
- Glasses
- Other: \_\_\_\_\_

## H. TOILETING & CARE

### 17. Does your child need assistance with toileting?

**NO** – My child is independent in changing and toileting. (*You may skip the Intimate Care Plan*).

**YES** – My child requires support, verbal prompting, or uses diapers/pull-ups.

**IMPORTANT:** If you selected YES, you must complete the Intimate Care Plan located on the next page.

## I. STAFF MATCHING & ADDITIONAL INFO

### 18. Support Leader Preferences: (What characteristics work best for your child in a support leader? e.g., high energy vs. calm, firm vs. gentle)

---

---

---

### 19. Is there anything else we should know to help us plan for your child?

---

---

---

---

## J. CAMP EXPERIENCE

**Important Note:** Our support team's workday is from 8:30 a.m. – 4:30 p.m. Please plan to drop off and pick up during this time.

**20. Activity Level:** Mini U is an active camp. Please describe your child's ability to participate in recreational games and sport activities:

---

---

Yes

No

**Please return this completed form to:**

**Email:** [mini.u@umanitoba.ca](mailto:mini.u@umanitoba.ca)

**Drop off:** Mini U Programs, 211 Max Bell Centre OR 100 Frank Kennedy Centre.

# INTIMATE CARE PLAN

**STOP:** Only complete this page if you selected **YES** to "Assistance with Toileting" on the previous form. (*If your child is independent in toileting, you do not need to fill out this page.*)

## 1. TYPE OF CARE REQUIRED

*Please check which procedure applies to your child:*

**OPTION A: DIAPERING** *Select this if your child wears diapers/pull-ups and requires changing.*

**Standard Procedure:** Our Inclusion Support Leaders follow these steps:

1. Ensure privacy and prepare a sanitized surface.
2. Ask permission and explain steps to the camper.
3. Remove soiled items; clean with wipes/soap.
4. Replace with clean diaper/clothing.
5. Disposal and sanitation of area.

*Does your child require support different from the steps above?*

No, the standard procedure is fine.

Yes (Please explain):  
\_\_\_\_\_  
\_\_\_\_\_

**OPTION B: TOILETING ASSISTANCE** *Select this if your child uses the toilet but needs help with transfers, wiping, or clothing.*

**Standard Procedure:** Our Inclusion Support Leaders follow these steps:

1. Ensure privacy and prepare toilet with sanitizing wipe.
2. Talk to camper through each step.
3. Assist with removal of clothing.
4. Assist with transfer to toilet (and stabilizing if required).
5. Assist with cleaning/wiping if required.

*Does your child require support different from the steps above?*

No, the standard procedure is fine.

Yes (Please explain):  
\_\_\_\_\_  
\_\_\_\_\_

## 2. FAMILY RESPONSIBILITIES

*By signing below, the family agrees to:*

- Provide all necessary products (diapers, wipes, etc.) and a change of clothes.
- Allow the participant to be washed (water only) if soiled.
- Inform the Support Leader at drop-off if the child has any existing marks/rashes.
- Understand that if a child is soiled, wet clothes will be bagged and sent home.

**Terminology:** Please list the specific words your child uses for body parts and toileting (so we can use language they understand):

---

**Frequency:** How often would the camper routinely be changed/toileted during a full day (8:30am–4:30pm)?

---

## 3. STAFF RESPONSIBILITIES

*Our Inclusion Support Leaders agree to:*

- Locate and use an accessible, private space for care.
- Communicate with caregivers if the frequency of care differs from the plan.
- Inform parents if any new marks or rashes are noticed during care.
- Maintain a consistent, caring, and professional approach at all times.

## 4. AUTHORIZATION

I have read the procedures above and give permission for the Mini U Inclusion Support Staff to provide the intimate care described.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_