Eligibility Criteria

Children who attend Camp Abilities must possess the following in order to participate:

1) They have a visual impairment (must have a vision teacher)
2) They are predominantly independent (helping with tying shoes, bathing, toileting, or picking clothes is fine)
3) They possess verbal or sign communication skills appropriate within 2 years of their age
4) They display behaviors that allow them to function in a group setting that does not affect other group members;
   ● Must NOT run away (this is a college campus and this behavior is dangerous for everyone, any child who runs away will be sent home immediately)
   ● Must not kick.
   ● Must not bite.
   ● Must not display defiant behavior (this includes refusing to stand in a line, refusing to participate in a variety of activities, refusing to abide by the bed time)
5) They do not possess a medical problem that requires a nurse for constant supervision (we only have 1 nurse so we cannot afford to have a child that requires all of their time)
6) *Parents must disclose ALL necessary information that will allow us to provide a safe environment for the week

Athletes will be ineligible and sent home if they display the following:

● fleeing/run away behaviors
● biting/scratching/hitting behaviors
● medical needs that require constant nursing supervision or communicable diseases;
● defiant or conduct disorders
● mobility limitations that prohibit them from ambulating 1/2 mile or inability to participate in the sport activities

Please read the following carefully:
If you are interested in being sponsored by the NYS Commission for the Blind, please contact your child’s Consultant or Transition Counselor before submitting this application.

If you will not be sponsored by the NYS Commission, you will be required to pay a nonrefundable $50 deposit at registration. Please make your deposit at the link below and send your confirmation email to campabilitieslongisland@gmail.com.

Make your deposit here.
Eligibility Forms for Campers  
Camp Abilities Long Island  
July 13 - July 16, 2023

Child’s Information:
First: ___________________________ Last: ___________________________
Address: ___________________________ City: ___________________________
State: _____ Zip Code: ___________ Phone: _________________________
Age: _____ Gender: _______ CHILD’S E-mail: _______________________

Parent/Guardian Information:
First: ___________________________ Last: ___________________________
Parent’s Phone: ___________________ Cell: _________________________
PARENT’S E-mail: _________________________
Preferred method of contact (circle): Email / Call / Text

Description of visual impairment:
____________________________________________________________________
____________________________________________________________________

Describe additional disabilities:
____________________________________________________________________
____________________________________________________________________

Will your child need to be picked up at the train station or airport?
Yes____ No____

Please give a detailed description:
____________________________________________________________________
____________________________________________________________________

Please add additional pertinent information:
____________________________________________________________________
____________________________________________________________________

Roommate Request: ________________
Children’s Consultant/Transition Counselor? __________________________

Email: __________________________

_____ Check this box if you have already contacted your NYSCB Children’s Consultant/ Transition Counselor about attending Camp Abilities Long Island.

Who is your vision specialist?
______________________________________________________________________  
______________________________________________________________________

Independent:
Yes____ No____

Can feed themselves:
Yes____ No____

Can dress themselves:
Yes____ No____

Can toilet themselves:
Yes____ No____

Ambulatory:
Yes____ No____
HEALTH QUESTIONNAIRE

We would like to have as much information on your child’s visual impairment as well as any other information on any other disability your child may have. Please take the time to answer the questions below. This will be beneficial for the counselors and specialists working with your child to understand their needs better.

Please check which classification your child falls into:

______ Class B1: No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.

______ Class B2: From ability to recognize the shape of a hand up to visual acuity of 2/-600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.

______ Class B3: From visual acuity 20/600 and up to visual acuity of 20/200 and/or a visual field of less than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction.

______ Class B4: From visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction.

Please answer the following questions: Please use the space provided only if you need to provide additional information. Please be as specific as possible!

1. My child has difficulty going from dark to light places? Yes No

Explain: ________________________________________________________________

2. My child has difficulty going from light to dark places? Yes No

Explain: ________________________________________________________________

3. My child has a good sense of peripheral vision? Yes No

Explain: ________________________________________________________________

4. My child has good sense of central vision? Yes No

Explain: ________________________________________________________________

5. My child has tunnel vision? Yes No

Explain: ________________________________________________________________
Disability *(mark all that apply)*

- Learning Disabled
- Mentally Challenged
- Physically Impaired
- Hearing Impaired
- Brain Injury
- Spina Bifida
- ADD/ADHD

- Cerebral Palsy
- Down Syndrome
- Multiple Sclerosis
- Autism
- Speech Impaired
- Emotionally Challenged
- Other _____________

Behavior *(mark all that apply)*

- Hyperactive
- Temper Tantrums
- Loud or Abusive Language

- Hits others
- Socially Isolated
- Inappropriate Sexual Behavior

Cognitive Ability

Communication Skills

Mobility

- Walks without assistance
- Walks with use of cane
- Walks with other device
- Uses a wheelchair

Specify type and degree of assistance required in each area:

Eating

Dressing

Grooming

Bathing

Toileting

Bedtime routine

Uses protective undergarments?

Additional information about the athlete that you would like to share with the staff?

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
Parental Permission Form

Please sign and return at the time of registration. Camp Abilities is for children who are blind, visually impaired or deaf-blind (interpreters will be provided). Campers must be between the ages of 9-19 who are verbal and independent in self care.

Please fill out these forms and send back to campabilitieslongisland@gmail.com.

*There is a required down payment of $50.00 due at the time of registration for anyone not being sponsored by the NYS Commission for the Blind.*

Any Questions? Please Contact:
Taylor McDonnell, Director
631-432-0569
campabilitieslongisland@gmail.com

_____ I accept these conditions and that all the information above is my own.

Parent Signature__________________________ Date________________

Camper Signature__________________________ Date________________