



Camp Runamuk October 9-12, 2009 Camper Information Form

We greatly value your expertise and input. To better serve the needs of your family, please help us prepare the best experience possible for your entire family by answering the questions below:
****Please fill out separate information forms for each child with special needs attending.****

Child's name _____ Nickname _____

Date of Birth _____ Age _____ Gender _____ Height _____ Weight _____

My child likes to _____

My child dislikes _____

When my child is

- upset he/she: _____
- scared he/she: _____
- happy he/she: _____

Does your child currently spend part of the day away from you? How long?

- 1 hour
- 3 hours
- 5 hours/ daily
- My child is with me all of the time.

What strategies do you or others use to help your child make transitions between activities?

Please indicate what type of school placement your child is in and if your child has a paraprofessional through the day: *(ie: a self-contained special education classroom, modified classroom, some inclusion, or full inclusion.)*

List all medical/developmental diagnoses.

Please describe any medical conditions that staff should be aware of, or that may affect the camper at camp.

Does your child have any allergies?

- yes, please list _____
 no

Please list any medications your child takes. ***Parents will be responsible for administering all medications.***

Are there any restrictions that will keep your child from participating in certain camp activities? If yes, please specify. (*ie: mobility, sensory, etc.*)

Please list the current therapeutic interventions child is receiving:

Please list any extra-curricular activities your child is participating in:

Learning Strategies/Adaptations/Theories that work well for your child: (*i.e. ABA, TEACCH, Social Stories etc. Include any visuals for communication, schedules, transition plans, behavior modification plans.*)

Please list any tools you will bring to Camp, to better facilitate your child's camp experience: (*i.e. PECS, schedule boards, transition items etc.*)

Please list any sensory considerations staff should be aware of:

Present level of skills Please circle all that apply below:

<u>Toilet Training</u>	Independent Bed Wetting	Scheduled	Not Trained
<u>Feeding</u>	Independent Drinks from cup	Finger foods Uses Straw	Needs prompts
<u>Hand washing</u>	Independent	Needs Prompts	
<u>Communication</u>	Nonverbal 1-2 words	Spoken Word 3-5 words	PECS Sentences Aug. Comm. Device

Please list typical and atypical behaviors your child may exhibit while at camp:

Please outline any fine motor/gross motor challenges staff should be aware of:

Please list any safety concerns that staff should be aware of: (*i.e. child is a flight risk, has no fear etc.*)

Please let us know your hopes and expectations for Camp Runamuk.

Please provide additional information that we should know to best prepare us for an amazing family camp experience

Please attach any pertinent IEPs, behavior intervention plans, psychological, or educational reports that will help us to better understand your child and their needs.