

DAY CAMP ASSESSMENT

parent form

Camper's Name _____ Parent's Name _____

SOCIAL PATTERNS

How does your child prefer to engage in leisure/play activities? (Please check.)

- _____ (a) By himself/herself
- _____ (b) With one other person
- _____ (c) With a group
- _____ (d) With family

What are some of your child's social and emotional needs that could be helped through recreational activities at camp? (Please check.)

- _____ (a) Group interaction
- _____ (b) Emotional Expression
- _____ (c) Competition
- _____ (d) Cooperation
- _____ (e) Response to an authority figure
- _____ (f) Other _____

What are some of the leisure activities that your child enjoys during his/her spare time? _____

What are some activities that your child prefers not to participate in? _____

What types of activities has your child experienced? (Family vacations, home activities, other group participation, teams, private lessons, etc). _____

What are some of the leisure activities that your child has seldom tried that he/she may be interested in doing at camp? _____

What are some triggers of behavior for your child? What are your child's fears? What techniques do you use to handle these fears? _____

What type of disciplinary or behavior control techniques do you use that are the most effective with your child? _____

What do you hope your child will gain from participating in LCSRA Day Camp? _____

What is the best phone number to call if staff need to reach you? _____

DAY CAMP ASSESSMENT

teacher form

early childhood/children/teen

Camper's Name _____

EDUCATION

School _____

Name of Teacher _____

Grade _____ Current Functional Level _____

Please describe the student's educational strengths and weaknesses in the following areas:

Communication Skills (Reading, Writing)

Strength: _____

Weakness: _____

Physical Strengths (Gross Motor, Fine Motor)

Strength: _____

Weakness: _____

Problem Solving

Strength: _____

Weakness: _____

Fine Arts (Music, Crafts, Dance)

Strength: _____

Weakness: _____

Expressive Language (Speech)

Strength: _____

Weakness: _____

Memory/Recall

Strength: _____

Weakness: _____

Attending (Concentration)

Strength: _____

Weakness: _____

Other _____

What would you like to see emphasized through Day Camp Activities?

SOCIAL PATTERNS

At school, does the student prefer to engage in leisure/play activities? (Please check.)

_____ By himself/herself

_____ With one other person

_____ With a group

What are some of the student's social and emotional needs that could be helped through recreational activities at day camp? (Please check.)

_____ Group interaction

_____ Emotional expression

_____ Competition

_____ Cooperation

_____ Response to an authority figure

_____ Other _____

What are some of the activities that the student enjoys during his/her time at school? (*i.e. crafts, music, toys, etc.*) _____

What type of recreation activities has the student experienced at school?

(*Example: field trips, group participation teams, private lessons, etc.*) _____

What are some activities that the student prefers not to participate in? _____

What type of behavior system is used at school? _____

BEHAVIOR

What behaviors are you working to reduce or eliminate with the student?

(*Please provide specific examples.*) How often do they occur?

What behavior techniques work best for you with this student? _____

What does the student find positively reinforcing? _____

Are you willing to answer questions that our staff may have about the student during the summer? If so, please complete.

Phone Number _____

Best time to call _____

Thank you for taking the time to complete this form!