

SUPERCAMP SPECIAL NEEDS FORM

(All information is confidential and viewed only by those involved in the assessment process)

Please keep in mind that these questions are used to help make your child's experience at camp enjoyable and to assist the staff in providing the best care possible. Please do not feel that answering these questions openly and honestly will disqualify your child from attending camp. Supercamp works very hard to provide every child the opportunity to attend camp, providing specific camp staff to work on reviewing each child's forms, creating individualized camp plans and, when needed, providing a shadow in which the parent is responsible for providing. If after reviewing all camp forms and speaking with parents and the staff at Supercamp feel that we are not able to meet your child's needs at this time, we will personally call you and discuss it with you.

This form needs to be submitted one month prior to the start of camp so that we can have the assessment needed to ensure a positive experience for your child and for you to be able to find the proper accommodations.

Name of Camper	_____
Address	_____
City	_____ State _____ Zip _____
Camper Date of Birth	___/___/___ Grade completed _____
Name of Parent or Guardian	_____
Address (if different from camper)	_____
City	_____ State _____ Zip _____
Home Phone	_____ Cell Phone _____
Email Address	_____

1. Please describe your child's special needs; including any and all medical and/or psychological diagnosis.

2. Tell us about your child's strengths. _____

3. What does your child enjoy doing? What are his or her hobbies? _____

4. Considering your child's special needs, do you feel your child will face any limitations or difficulties while attending camp? (please consider all camp activities, social interaction, rule following, schedules etc.) _____

5. Does your child take any medication related to his/her special needs?

According to the law, you must provide copies of all prescription drugs with this form.

Will your child need to be taking any medication at camp? Yes No

If yes please fill out the following:

Medication	Reason of prescription	Posology	Side effects and/or contraindication

6. Does your child have any allergies? _____

7. Does your child have any past history of seizures? If yes, how long since last seizure?

8. Does your child have an IEP? Yes No (If yes, please attach copy.)

9. Please describe your child's class room setting (ie. Full inclusion, life skills classes, one-on-one assistance, percentage of time spent with non-disabled peers verses EC classes). _____

10. Does your child receive any one-on-one scheduled services at school?

11. Does your child receive any therapy services? If so, what needs are addressed by these therapies?
__Speech __Occupational __Physical __Behavioral

12. Please describe any challenging or disruptive verbal, physical or social behaviors that your child exhibits either while at home, school, or in the community, along with any instructions from parents or teachers on how to respond, redirect, and/or discourage these behaviors.

13. Does your child:

- Yes No Have any sensory issues or fears? (storms, bugs, crowds, water, etc.)
- Yes No Swim well? Indicate swimming level. Beginner Intermediate Advanced
- Yes No Struggle with competitive games?
- Yes No Struggle sitting still? Longer than... 10-15min 20-30min 45-60min
- Yes No Have a strict schedule? 60+ min
- Yes No Struggle to communicate needs or feelings?
- Yes No Struggle with peer interaction?
- Yes No Struggle with following directions and respecting authority?
- Get along better with children older or younger than themselves?
- Interact better with adults or peers?

14. Does your child need assistance, supervision, or reminders for any personal care tasks? (routine, changing clothes, toileting)

15. Please list any adaptive equipment your child will need or be using during camp and if camp staff will need to learn how to use it.

16. Is there any equipment or modifications that your child needs to help with sensory regulation or focus? (Ex. noise reducing headphones, fidgets, wiggles, cushion, etc.)

17. Please list any adaptation that the camp staff could implement to allow your child to participate in regular camp activities:

- a. Pool _____
- b. Sports Activities _____
- c. Art/Music _____
- d. Meal Time _____
- e. Other _____

18. What are strategies you use at home that would be helpful for counselors to know if your child becomes upset? _____

19. Do you feel, based upon your child's ability to function inclusively during camp, that they would function best:

- Independently
- with/ minimum supervision
- with/physical assistance
- one-on-one

We encourage you to allow a teacher, therapist or one-on-one worker look over these questions as well providing any feedback or suggestions that they may have.

Failure to supply the information that is requested or to follow-up with additional requested material could jeopardize your camper's acceptance into camp or cancel your registr

