

Camp Integrations

Building Skills for Fun and Friends

Pre-Camp Questionnaire

Child's name: _____

Today's Date: _____

Person completing form and relationship to child: _____

1. List the three most significant concerns you have about your child and explain why.

a) _____

b) _____

c) _____

2. Rank the following from 1 to 12 based on what you believe to be the greatest concern regarding your child:

KEY: # 1 = Biggest Problem # 12 = Smallest Problem

#	Concern	#	Concern	#	Concern
	Fine motor skills		Coordination		Balance
	Self-help skills		Attention to task		Body awareness
	Gross motor skills		Self-esteem & confidence		Socialization
	Emotional stability		Impulse control		Other

Please define "other" _____



Does your child **currently** receive any of the following services?

Physical Therapy? YES / NO

If yes, how often? _____

For how long? _____

Occupational Therapy? YES / NO

If yes, how often? _____

For how long? _____

Speech Therapy? YES / NO

If yes, how often? _____

For how long? _____

Behavior Therapy?

If yes, how often? _____

For how long? _____

Other? YES / NO

Explain: _____

1. Please describe your child's 2006-2007 educational setting. Please include information on type of classroom (inclusion or special education), level of support (does your child have his/her own aide in the classroom), teacher:student ratio, size of the class.

2. Does your child participate in any organized group activities such as sports, karate, dance instruction, etc? Please describe the activities, and the dates of participation.

3. What would you like your child to achieve during this week at camp?

Physical: _____

Social: _____

Emotional: _____

Other: _____

4. Do you have any other concerns or information you would like to share with us regarding your child? (You may use the back of this page.)
