

**Day Camp Assessment Form**

**Parent/Guardian**

**Parents or Guardians – Please complete the Day Camp Assessment form and return it to SSSRA. All information assists the Day Camp Staff to provide a successful camp experience. The last section, please have your camper assist you with answering.**

**Camper Information**

Camper’s Name: \_

Age:

Address: \_ Sex: M/ F City, Zip: \_

Phone Numbers: (Home) \_ \_

Mother’s Contact: (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Contact: (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Who should be contacted first: Mother\_\_\_\_\_\_\_\_ Father\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_

Does your camper have any allergies to food or environmental items? If yes, please list:

**Education**

Name of School:

Grade just Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some of your child’s educational strengths?

 \_ Writing Reading

 Math \_ Music Art

 \_ Physical Strength Dance Speech Memory/Recall

Which of the above areas would you like to see expressed through day camp activities?

**Physical Considerations**

What is your camper’s primary disability? \_ \_ Does your camper have any physical limitations that would prohibit his/her participation

in any type of day camp activities? (Example – tires easily on walks, limited range of motion)

What type of physical activity does your camper like to do? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| Walk | Run | Jump |
| Shoot Basketballs | Tumble/Gymnastics | Swim |
| Play Catch | Swing on swings | Dance |
| Obstacle Courses | Kick Soccer Balls | Prefers to Play Alone |
| Other: |

How would you describe your camper’s swimming ability? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| Can swim a length of the pool with no assistance | Can swim with minimal assistance from an adult | Needs a personal flotation device (life jacket or puddle jumper) |
| Has no fear of water | Is afraid of water | Will not put his/her face in the water |
| Will refrain from running/jumping into the water when instructed | Will run into water with disregard for safety |  |

**Social Patterns**

During leisure/play activities, which of the following does your camper prefer? (Check all that apply)

 by himself/herself with one other person with a group

What are some of your camper’s social and emotional needs that could be helped through recreational activities at camp? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| Group Interaction | Emotional Expression | Competition |
| Cooperation | Sharing | Response to AuthorityFigure |
| Other |

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

|  |  |  |
| --- | --- | --- |
| Reading | Playing Sports | Watching Television |
| Listening to Music | Playing Video Games | Drawing |
| Arts & Crafts | Dance | Other |

Please list some other leisure activities that your camper enjoys being a part of (examples:

sports teams, private music lessons, etc.)

|  |  |  |
| --- | --- | --- |
| What are your camper’s | Strengths? | Weaknesses? |
| Creative Writing |  |  |
| Sports |  |  |
| Music |  |  |
| Arts & Crafts |  |  |

**Communication**

Does your camper require a communication device? Yes\_\_\_\_\_ No\_\_\_\_\_\_

If so, what sort of device? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note: South Suburban Special Recreation Association is not responsible for any lost, stolen, or damage to communication devices. While we understand that devices are important for individuals to communicate, SSSRA will not sign any agreements or lending arrangements with your school district or therapy services. All communication devices are the responsibility of the family.**

Does your camper respond to picture schedules of a picture exchange system? Yes\_\_\_\_\_No\_\_\_\_\_

**Behavior Management**

What types of behavioral management techniques do you use with your child? (Examples –

time-outs, social story, red/green light)

What type of visual warning system does your camper respond to?

|  |  |  |
| --- | --- | --- |
| Behavior Chart | Red/Green Light | Name on List |
| Other |

**Camper Action Plan**

Parents, please fill out the following section with input from your camper.

What goals do you hope to achieve at day camp this summer?

|  |  |  |
| --- | --- | --- |
| Make Friends | Learn New Games | Learn Sports |
| Cooperative Play | Become Independent | Other |

What type of reminders would help you during day camp?

Picture Schedule Timer

Pocket Calendar

 First/Then Boards

Others:

What may cause you to be frustrated at camp?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When you are frustrated, what can the staff do to help you?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In each of the arrows below, write one word that describes you.



What do you hope to gain from participating in day camp this year?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From the following list, please check the activities that you would like to do at day camp…

|  |  |  |  |
| --- | --- | --- | --- |
| **Dancing** | **Sports** | **Arts & Crafts** | **Music** |
| Folk | Archery | Ceramics | Singing |
| Social | Badminton | Cooking | Instruments |
| Modern | Baseball | Drawing |  |
| Movement | Basketball | Jewelry | **Drama** |
| Exploration | Football | Mosaics | Creative |
|  Hip Hop | Tumbling | Nature Crafts | Plays |
| **Nature** | Playground games | Painting | Skits |
| Animals | Kickball | Sculpture |  |
| Birds | Soccer | Sketching | **Field Trips** |
| Wildlife | Softball | Tie Dying | Museums |
| Flowers | Swimming | Woodwork | Historical Sites |
| Hiking | Track & Field |  | Aquarium/Zoo |
| Insects | Volleyball |  |  Bowling |
| Rocks |  |  |  Water Park |
| Trees |  |  |  Baseball Game |
| Weather |  |  |  |

Other ideas or suggestions:

**SSSRA Day Camp Transportation Assessment**

\*This form is used for transportation to and from camp and for transportation for pool days and field trips. If only completing form for pool and field trip transportation you only need to complete the areas indicated with \*

\*Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_

\*Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Call Phone #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Cell Phone #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of pick-up location before camp and drop-off location when using SSSRA door-to-door transportation. (Must be in an SSSRA Member District).

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For unusual circumstances, if you are not home at the time of drop-off, what alternative location can SSSRA transport your camper? Alternative drop-off location must be within 2 miles of the original location and can only be used in an emergency.

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the camper is 14 years old or older, do you give permission to allow the camper to let themselves into the home without an adult present? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

\*Please list additional emergency contacts with phone numbers if not listed above.

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper: \_\_\_\_\_\_\_\_\_\_

“State law does not require the use of car seats in SSSRA buses, as they weigh more than 9,000 pounds. However, as best practice, the association uses car seats whenever possible, for children under 8.”

\*Does the camper use a harness while being transported? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_

\*Does the camper use a wheelchair while being transported: Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_

\*If yes, can they transfer to a seat? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

\*Camper behavior while being transported:

**It is very important that any behavior your child exhibits is identified below to assist staff with potential safety concerns.**

Please circle any that apply and add any additional behaviors to assist with transportation safety.

|  |  |  |
| --- | --- | --- |
| Gets out of seatbelt | Hits | Screams |
| Moves around vehicle | Kicks | Argues |
| Property destruction | Bites | Scratches  |
| Self-injurious | Spits | Opens doors |
| Throws objects | Pinches | Removes clothing |
| Please list any other potential safety concerns |  |  |
|   |  |  |

Print name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day Camp Assessment Form**

**Teacher**

**Teachers – Please complete the day camp assessment form and return it to SSSRA. All information assists the day camp staff to provide a successful camp experience for the campers.**

**Camper Information**

Camper’s Name: \_

Age:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Zip: \_

**Education**

School:

Grade just completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some of the camper’s educational strengths? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| Writing | Reading | Math |
| Music | Art | Physical Strength |
| Dance | Speech | Memory/Recall |

Which of the above areas would you like to see reiterated through day camp activities?

**Physical Considerations**

Does the camper have any physical limitations that would prohibit his/her participation in any type of day camp activities? (Example – tires easily on walks, limited range of motion)

What type of physical activity does the camper like to do? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| Run | Team sports | Walk |
| Play Catch | Swim | Individual Events (Obstaclecourse) |
| Dance | Jump | Swing on the swings |

**Social Patterns**

During leisure/play activities, which of the following does the camper prefer? (check all that apply)

 by himself/herself with one other person with a group

What are some of the camper’s social and emotional needs that could be helped through recreational activities at camp? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| Group Interaction | Emotional Expression | Competition |
| Cooperation | Sharing | Response to AuthorityFigure |
| Other |

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

|  |  |  |
| --- | --- | --- |
| Read | Play Sports | Watch Television |
| Listen to Music | Play Video Games | Draw |
| Arts & Crafts | Dance | Other |

**Communication**

Does the camper require a communication device? Yes\_\_\_\_\_ No\_\_\_\_\_\_

If so, what sort of device?

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**any lost, stolen, or damage to communication devices. While we understand that the devices are important for individuals to communicate, SSSRA will not sign any agreements or lending arrangements with school district or therapy services. All communication devices are the responsibility of the family.**

Does the camper respond to picture schedules or a pecs system? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_

If the camper has difficulty with expressive speech, what techniques can you offer our staff to help prevent the camper from getting frustrated?

**Behavior Management**

What types of behavioral management techniques do you use with the camper during the school year?

What type of visual warning system does the camper respond to?

|  |  |  |
| --- | --- | --- |
| Behavior Chart | Red/Green Light | Name on List |
| Other |

Have you experienced any behavior challenges that the day camp staff should be aware of? (Please provide specific examples)

What does the camper find positively reinforcing to him/her?

Additional Comments:

Would you be willing to answer questions that our staff may have about the camper during the summer? If so, please complete the information below.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Time to Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this form. Please return all forms to:

SSSRA

19910 80th Ave.

Tinley Park, IL 60487

Office: 815-806-0384 x 13

Fax: 815-806-0390

Email: Janice@sssra.org

F:Projects/Day Camp/Assessment Forms