

**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)

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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?

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

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|  |  |  |  |
| --- | --- | --- | --- |
| **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:

Thank you for taking the time to complete this form. Please return all forms two weeks before your child’s first camp session begins.

SSSRA

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