**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: \_ Sex: M / F 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 (Obstacle  course) |
| 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 Authority  Figure |
| 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?

**Please note: South Suburban Special Recreation Association is not responsible for**

**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 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: 815-806-0384x18

Fax: 815-806-0390

R:\Rob\Day Camp\Day Camp Assessment Forms\Originals\Teacher Assessment Form.docx