

Camp COAST Review Packet Getting to Know You Parent Form

Child's Full Name: _____

Child's Preferred Name: _____

What level of supervision is required during the day, given your child's current skills & behavior?
Please keep in mind that your child will be in a new environment.

Please check only one:

- My child can function independently in all or almost all setting with limited supervision.
- My child can function independently for a short amount of time and can be supervised in a group with one staff or other group members.
- My child usually functions well in groups of one staff and 2-3 other children, but needs one-on-one supervision for certain activities.
- My child requires one-on-one, but can generally function in group situations for some activities.
- My child needs more than one staff with him/her all day or when agitated or upset.

Please choose the response that best describes your child's activity level:

- My child has a typical attention span
- My child has a very short attention span
- My child is less active and needs motivation to participate
- My child is overactive
- My child is easily distracted by sights, sounds, people, etc...

Please describe how you manage your child's activity level, how you motivate him/her to participate, etc...

Communication:

Please help us understand how your child communicates, please check and explain all that apply.

How does your child communicate with others? He/she uses...

- Complete sentences: _____
- 2-3 word phrases: _____
- Single words: _____
- Vocalization, sounds, etc...: _____
- Sign Language: _____
- Gestures, points, etc...: _____
- Takes people to what he/she wants: _____
- Cries or whines: _____
- Pictures: _____
- Word cards: _____
- Special system such as a communication board: _____
- Writing to communicate: _____

How does your child understand what is said to him/her?

- Understands complete sentences: _____
- 2-3 word phrases: _____
- Understands single words: _____
- Gestures or points: _____

Reads:

- complete sentences
- 2-3 word phrases
- single words

Does your child use a schedule? Yes No

If yes, then what type?

- Written Schedule
- Line Drawing Schedule
- Photo Schedule
- Object Schedule
- Written & Picture Schedule

How many events on the schedule? _____

Is it a pull card system?: Yes No

Can your child communicate the following concepts? If yes – explain how?

Yes No Can your child ask for help? _____

Yes No Can your child communicate illness or pain? _____

Yes No Can your child communicate dislike? _____

Please provide any additional information we should know about how your child communicates:

Self-help Skills:

At mealtimes, he/she can...

- Use all utensils
- CANNOT use: Fork Spoon Knife
- Drink from a cup unassisted
- Chew and swallow with no problems
- Has good table manners
- Has inappropriate table manners (throws food, grabs food... please describe) _____

Poor appetite

Excessive appetite

Would do better eating in a separate, smaller dining area away from the large group

Even though you are responsible for your child's lunch, snacks and beverages – we want to be aware of allergies to foods, drinks and any special needs (no sugar, no wheat or glutens, etc...)?

Dressing & undressing:

My child is able to do the following:

My child can put on: shirt socks underwear pants

My child can fasten: snaps zippers buttons

My child can undress partially: Yes No

My child can undress completely: Yes No

My child has no dressing problems: Yes No

My child needs a lot of assistance with dressing, please describe assistance needed:

Using the bathroom:

My child is:

- Completely toilet trained
- Partially toilet trained, use the toilet independently
- Needs some assistance using the toilet
- Will use too much toilet paper or clog toilet
- Needs complete assistance/total supervision in the bathroom
- Not toilet-trained at all (wears diaper/training pants)

How often does your child need to go to the bathroom?

How does your child indicate that he/she needs to use the bathroom?

Sensory Responses:

Please indicate your child's reaction to the following sensory input if their response is unusual:

Sensory Input –

Visual stimulation:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Lights:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Sunlight:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Heat:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Touch:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Thunderstorms:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Pain:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Animals:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Sounds:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Voices:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:
Darkness:	<input type="checkbox"/> Over react	<input type="checkbox"/> Under react	Comments:

Please note other sensitivities or provide additional information:

Outdoor Activities:

Please indicate your child’s anticipated reaction(s) to our swimming activity:

- I am unsure of how my child does in the pool
- My child swims well
- My child cannot swim (if child cannot swim independently – parent **must** provide appropriate flotation device)
- My child fears the water/will not get into the water willing
- My child drinks pool water
- My child may go to the bathroom in the pool (if this is a possibility – parent **must** provide swim diaper)
- I DO NOT want my child to swim (other activities will be provided)

Medical Concerns:

Vision Test: Normal Impaired

Comments:

Hearing Test: Normal Impaired

Comments:

Please use the following space to include any additional information about your child that would be helpful to us.

A COPY OF THE IEP OR BEHAVIOR PLAN MUST BE TURNED IN WITH THE REVIEW PACKET.