# SPECIAL NEEDS CAMPER QUESTIONNAIRE

*PARENT/GUARDIAN*

## GENERAL INFORMATION

Desired Week(s): _____

Camper's Name: _____

Camper's Grade: _____

Parent's Name: _____

Parent's Phone: _____

Nature of the camper's need (please attach additional pages if needed):

## MEDICATIONS

Medications camper is currently using: _____

Time and dose: _____

How long has the camper been using this medication? _____

Side effects: _____

Have you talked to the prescribing physician about the camp schedule? _____

## TREATMENTS

Will the camper need physical treatments during camp hours? _____

If so, will they be self-administered or will you need assistance from our health care center?

_____

Please describe any treatments:

## BEHAVIOR

Describe any behaviors of concern:

In what situation does the behavior of concern occur?

| *Location* | *Time* | *Person(s)* | *Context* |
|---|---|---|---|
| ☐ In school | ☐ Upon waking | ☐ With parents | ☐ When in large groups |
| ☐ During meals | ☐ Morning | ☐ With friends | ☐ When in small groups |
| ☐ At home | ☐ Lunch | ☐ With teachers | ☐ When by him/herself |
| ☐ In vehicles | ☐ Afternoon | ☐ With counselors | ☐ When in transition |
| ☐ In his/her bedroom | ☐ Late afternoon | ☐ With siblings | ☐ When in noisy environments |
| ☐_____ | ☐_____ | ☐_____ | ☐_____ |

In what situations is the child's behavior most appropriate?

| *Location* | *Time* | *Person(s)* | *Context* |
|---|---|---|---|
| ☐ In school | ☐ Upon waking | ☐ With parents | ☐ When in large groups |
| ☐ During meals | ☐ Morning | ☐ With friends | ☐ When in small groups |
| ☐ At home | ☐ Lunch | ☐ With teachers | ☐ When by him/herself |
| ☐ In vehicles | ☐ Afternoon | ☐ With counselors | ☐ When in transition |
| ☐ In his/her bedroom | ☐ Late afternoon | ☐ With siblings | ☐ When in noisy environments |
| ☐_____ | ☐_____ | ☐_____ | ☐_____ |

Are there other internal or external events that influence the behavior of concern?

| *Internal Events* | *External Events* |
|---|---|
| ☐ Medication_____ | ☐ Conflict at home |
| ☐ Physical health_____ | ☐ Negative peer influence |
| ☐ Feeling successful_____ | ☐ Someone getting angry at him/her |
| ☐ Overtiredness_____ | ☐ Change in anticipated schedule |
| ☐ Dehydration_____ | ☐ Not knowing schedule for the day |
| ☐ Feeling angry_____ | ☐ Being left alone |
| ☐_____ | |

What usually precedes the behavior of concern?

☐ Low levels of adult attention. ☐ Listening to directions/presentation. ☐ Under varied conditions

☐ Low levels of peer attention. ☐ Interacting with adult.

☐ Attention focused on child. ☐ Interacting with peers. ☐ Another person gets injured/harmed.

☐ Unavailability of desired object/activity. ☐ Lots of noise and activity has occurred.

☐ Other

What usually happens after the child exhibits the behavior of concern?

☐ The child is ignored. ☐ The child is reprimanded. ☐ Time-out is given.

☐ An ultimatum is given. ☐ An adult talks with the child about correcting the behavior.

☐ A privilege is forfeited. ☐ Other

## SCHOOL

Does this child have an Individualized Education Plan at school? _____

If so, please send a copy to Camp Sonshine as soon as possible.

Send to:

Camp Sonshine

16819 New Hampshire Avenue

Silver Spring, MD 20905

Or fax to 301-989-7116

*After we have this form filled out, the doctor form, and a copy of the Individualized Education Plan we will set up a time to meet with you and your child. (Note: the doctor form does not replace the Physician Medication form.) Please understand that we cannot guarantee availability in camp at the time a decision is made. Thank you for your cooperation.*

# SPECIAL NEEDS CAMPER QUESTIONNAIRE

*PHYSICIAN*

**Date:**

**Child's Name:**

**Age:**

**Physician's Name:**

Please describe the child's condition of concern (please attach additional pages if needed):

Please describe what needs to be done for this child (please attach additional pages if needed):

What medications is the child taking?

How long has the child been taking this medication?

Why is this medication used? (What is the therapeutic effect?)

What are the side effects of this medication?

Can the medication be dosed so that it does not have to be administered at camp?

What is your opinion as to this child's ability to function in a group camp situation?

# SPECIAL NEEDS CAMPER QUESTIONNAIRE

## *CAMP STAFF*

Date of interview: _____ Date of completion of form: _____

Camper's Name: _____

Staff Members Name: _____

Checklist for interview:

- O Questionnaire filled out by parent
- O Questionnaire filled out by physician
- O Educational plan submitted by school
- O Assessment meeting with child and parent
- O Camp leadership meeting discussion

POST ASSESSMENT MEETING IMPRESSIONS

**Camp and the child:**

What are the concerns for this child in a group setting?

What are the concerns for this child in an activity setting?

What are the supervision concerns for this child?

**The child's needs:**

What are the considerations in accommodating this child's needs?

What are the considerations in compromising to meet this child's needs?

Are this child's needs outside the camp's abilities to meet?

**Staff and the child:**

Will additional staff need to be hired/trained to meet this child's needs?

Is the family amenable to working with the camp?

**Decision of the leadership team:**

IF THE ANSWER IS NO
Parent notified on (date) _____
Person who talked to parent _____

IF THE ANSWER IS YES
Have coping strategy in writing, including what happens if the plan doesn't meet expectations. Include the circumstances that mean the child must leave camp. Have the parent and the camp sign the plan. Place a staff member in charge of collecting information about the child's behavior during camp and turn it in to Pearl Daniel at the end of the week.

Fill out the following behavior observation form at least three times during the camper's stay at Camp Sonshine.

# INFORMATION LOG (CHILD'S TARGET BEHAVIOR WHILE AT CAMP)

| Start:<br><br>End: | Setting: | Activity: |
|---|---|---|
| Antecedent: | Behavior: | Consequence: |
| Comments: | | |
| Observed by: | | |

| Start:<br><br>End: | Setting: | Activity: |
|---|---|---|
| Antecedent: | Behavior: | Consequence: |
| Comments: | | |
| Observed by: | | |

| Start:<br><br>End: | Setting: | Activity: |
|---|---|---|
| Antecedent: | Behavior: | Consequence: |
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