
INCLUSION TRAINING GUIDE FOR JEWISH SUMMER CAMPS

A PROJECT OF



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CHAPTER 4: PRE-CAMP RESOURCES

Sample Job Description and Qualifications for Camp Inclusion Director:

- Teaching Certification (Special Education) and/or MSW, CTRL or other appropriate credentials.
- Ability to effectively assess children on multiple levels (social, educational, academic, physical psychological, medical) to determine their suitability for a camp program
- Ability to effectively design individualized inclusion models for each child, that meet the camper's needs and the needs of the camp community
- Experience with and knowledge of a variety of disabilities/disorders, including (but not limited to) the following: Attention Deficit Disorder, Attention Deficit Hyperactive Disorder, Obsessive/Compulsive Disorder, Tourette's syndrome, Bipolar Disorder, Asperger's syndrome, Down syndrome, Autism, social difficulties, behavioral challenges, homesickness, cognitive disabilities, and a variety of emotional challenges and physical limitations.
- Ability to work in a team environment and to collaborate effectively with a number of different stakeholders (parents, counselors, unit supervisors, medical staff, camp administration, etc.)

RESPONSIBILITIES

- Work directly with and report to the Camp Director
- Establish, in collaboration with the Camp Director, the policy and procedures of an inclusion program at camp for children and staff with disabilities to ensure their safety and success
- Process applicants who register for camp and have disabilities. This includes:
 - Create forms and questionnaires to obtain information
 - Liaise with parents, teachers, and outside agencies (i.e., medical professionals and government support agencies)
 - Review questionnaires and determine eligibility
- Maintain parent contact before, during, and after the camp session regarding preparation for summer session, implementation of program, and follow up evaluation
- Recruit staff members to support campers with disabilities
- Develop and provide a pre-camp inclusion training module for all staff
- Design modifications to programs and activities to accommodate children with disabilities which could include a learning disability, attention deficit disorder, attention deficit hyperactive disorder, bipolar disorder, Asperger's syndrome, social difficulties, behavioral challenges, homesickness, cognitive disabilities, selected emotional difficulties, and minor physical limitations.
- Provide ongoing training and support to specialists, unit heads, faculty, health center, and kitchen staff
- Serve on the camp crisis management team
- Document all aspects of the inclusion program and maintain ongoing written accountability regarding information gathered, anecdotal notes, scheduling, programming, outside contacts, responsibilities, and follow up
- Create and implement behavior contracts for specific campers
- Provide short- and long-term support of staff members of campers with disabilities
- Design individual work placements for staff with disabilities and ongoing task analysis
- Work collaboratively with the camp director around a number of camp issues including inclusion, health and safety, camper issues, and staff morale
- Model and advocate acceptance and understanding for campers and staff with disabilities

Sample Counselor Evaluation Form

Name: _____ Camper: _____ Camp: _____ Division: _____

Place an **M** in the box that represents performance at the Mid-Summer Review.

Place an **E** in the box that represents performance at the End-of-Summer Review.

Rating scale: A-Always

O-Often S-Sometimes

R-Rarely

	A	O	S	R	Comments
Demonstrates that safety is a #1 priority					
Performed all necessary pre-camp responsibilities (i.e. parent calls, orientations)					
Comes to work on time, ready to work					
Demonstrates awareness that camp is a job					
Maintains excellent attendance					
Dresses appropriately (Camp shirt, name tag)					
Demonstrates a very positive attitude					
Understands that inclusion is important at camp and helps ensure that it takes place					
Understands his/her role as it relates to the inclusion camper and helps to facilitate successful inclusion					
Is aware and sensitive of camper's needs and helps provide appropriate adaptations					
Maintains positive relationship with counselors in bunk					
Maintains positive relationships with specialists and assists to provide appropriate adaptations for camper to succeed					
Motivates camper to participate, helps him/her to integrate, and encourages independence					
Maintains positive relationships with other campers in bunk in order to assist with understanding and insure inclusion					
Regularly swims with camper, assists swim instructors					
Models appropriate behaviors with campers					
Resolves conflict fairly and effectively					
Maintains positive relationships with all counselors					

Makes improvements based on feedback					
Seeks advice/help when having difficulties					
Keeps Inclusion Coordinator informed/included					
Goes beyond the call of duty					

MID-SUMMER REVIEW:

Notable strengths:

Areas that need improvement:

Goals for second half of camp:

Additional comments:

END OF SUMMER REVIEW:

Notable strengths:

Areas that need improvement:

Performance since mid-summer review:

Additional comments:

COMMENTS FROM STAFF MEMBER BEING EVALUATED (YOU MAY USE BACK OF PAGE IF NECESSARY)

Mid-summer:

End of summer:

Circle all that apply (Staff Person):

Mid-summer

End summer

I have read the evaluation prepared for me by my supervisor.

Y N

Y N

I understand my evaluation and believe it was done properly and fairly.

Y N

Y N

I agree with the evaluation (if not, please explain below)

Y N

Y N

Mid-summer:

End of Summer:

CONCLUSION (END-OF-SUMMER EVALUATION ONLY):

Rehire, as (list position): _____

Possibly rehire/interview based on above concern

Do not rehire in current position, might be better suited for: _____

Do not rehire

Staff Person: I would like to return next summer

I do not intend to return next summer

Mid-summer review:

Staff member signature Date

Case Manager Signature Date

Director signature Date

End summer review:

Staff member signature Date

Case Manager Signature Date

Director signature Date

The Intake and Admission Process and Preparing Campers for Camp

Increasingly, camps are encouraging and even requiring families to register their children online for summer camp. Camps rely on this information and expect parents to be honest, forthcoming, and collaborative; the more information parents share, the better camp is able to be proactive in planning for the summer and meeting the needs of the child. This is true for campers with or without disabilities. It is somewhat of an “open secret” in the camping world that while most parents are honest and open, providing all requested information, some parents, worried their child may be denied admission due to some behavioral or temperamental issue, elect not to be forthcoming.

TIPS FOR APPROACHING THE INTAKE:

- **Have a member of the senior staff** (i.e. assistant director, staff social worker or psychologist, director of camper care) **review each applications in search of “flags.”** Does the child have an IEP (Individualized Education Plan)? Does he/she meet regularly with a therapist (psychologist, Occupational Therapist, speech and language)? (Please note that just because a child has an IEP, he or she does not necessarily need additional support at summer camp. For example, a child requiring academic support in school may not require support in non-academic settings.) Does one sibling attend a Jewish day school while the applicant attends a public school? This may be an indicator that he/she receives special education services.
- Oftentimes, the director of inclusion or camper care will **contact the family with additional questions, seek clarifications, ask to speak to a therapist or teacher, etc.** In many cases, no additional supports or services are needed. In some cases, the camp is able to offer the support of an inclusion specialist, additional counselors, shadow counselors, etc.
- **Request outside reports** from therapists and teachers (including neuropsychological testing if available) and reports from other professionals (OT, PT, speech and language therapist, etc.). They provide additional professional perspectives of a camper.
- Include a 30 minute telephone interview.
- If the potential camper sounds like a potentially good fit for the program, a more **extensive supplemental application** form should be provided for parents to complete.
- Once all forms are reviewed, the director of inclusion or camper care may elect to make follow up calls to outside professionals. It is often helpful to review the camp structure, schedule, staffing ratio, and other relevant information so these professionals can help assess how the child might transition and adjust.
- Another important part of the process is an **in-person interview**. While such in-person interviews are somewhat unnatural and offer only a window into the camper, it does offer an important chance for parents to sit in person with the inclusion director. This helps develop a rapport and trust between them which will be necessary for communicating and working together over the course of the summer. The in-person interview also serves as an important first (or next) step in helping prepare the camper for camp. In cases where such an interview is not feasible, a Skype interview may suffice.

Suggestions for Effectively Communicating with Families of Campers with Disabilities during an Intake

DEMONSTRATE SENSITIVITY TO PREFERRED TERMINOLOGY: DISABILITIES VS. SPECIAL NEEDS

If a parent shows a preference for one of these terms over another in conversation, take their lead. It is the practice of FJC to use the word “disabilities,” yet we recognize that some parents are more comfortable using the words “special needs” when referring to their child.

An individual with a disability is defined by the Americans with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.

The term “special needs” tends to be linked to a child’s eligibility for services from the Department of Education. Special needs is a term used in clinical diagnostic and functional development to describe individuals who require assistance for disabilities that may be medical, mental, or psychological.

USE PEOPLE FIRST LANGUAGE. TAKE CARE IN HOW YOU DESCRIBE PEOPLE WITH DISABILITIES — THE WORDS THAT YOU CHOOSE MATTER (SEE CHAPTER 2, ABOVE). BRIEFLY:

- Avoid outdated, derogatory terms like "crippled," "retarded," and "handicapped."
- Put the emphasis on the person and not the disability. For example, use language like "the child who is autistic" versus "that autistic child."
- Avoid referring to non-disabled kids as "normal," since it implies abnormality or a defect in others. Two options are “typically developing,” and “neurotypical.”
- Choose language like “a camp that works for children with autism” instead of “camp that works with autistic children” or “Your child will live in a bunk with peers without disabilities” instead of “your child will live in a cabin with normal or typical campers.”

THINGS TO BE CAREFUL NOT TO SAY OR DO

- Do not contradict or judge the parent.
- Try not to say things like “God only gives us what we can handle.”
- Do not pretend to be knowledgeable about a topic if you are not.
- Do not promise the parent that a camp will accept their child.

KNOW OTHER CAMPS AND RESOURCES

To be prepared to talk to parents of children with disabilities, familiarize yourself with the camps in your area and their ability to accommodate children with disabilities.

Different camps in your area are able to accommodate different types of disabilities. Their abilities may change from year to year. Speak to the camp directors in your catchment area to inquire if they are open to talking to parents of children with disabilities and if there are specific disabilities they are better able to accommodate.

ARTICULATE THE RANGE OF MODELS, PROGRAMS, AND SERVICES CAMP OFFERS

- Inclusion refers to a camp setting where campers with or without disabilities live in the same cabins together and attend all of the same activities.
- Partial Inclusion refers to a program and living situation that is partly merged with typically developing campers and partly separated.
- Camp-within-a-camp refers to a program wherein campers with disabilities live in cabins with other campers with disabilities and attend programs specially geared towards campers with disabilities. They usually spend some percentage of their day interacting with campers without disabilities.

- Camp for children with disabilities is a camp program where all of the children at camp have a disability and have been determined to need extra support at camp.
- Vocational training program refers to a job coaching program, often for teens age 16 and up.

The Telephone Intake: Balancing Compassion with Obtaining Relevant Information

Most parents who call in search of a camp for their child who has a disability will specify that desire up front, but some will not.

WHAT ARE THE THINGS THAT YOU SHOULD DO WHEN YOU RECEIVE THIS CALL?

- **Listen!** Ask the parent to tell you about their child and then just listen. Your primary goal here should be to learn enough about the child and family to help them find a Jewish camp. The only advice that they are looking for at this point is about camp. As helpful as you would like to be, resist offering them advice about how to care for their child in any way besides choosing a camp.
- **Acknowledge.** If a parent expresses feelings about their child that you do not agree with, simply acknowledge their feelings and listen. We are not in a position to make assumptions about what they are sharing. Examples of things to say: “Wow that sounds hard” or “I hate that it’s so difficult for you.”
- **Eliciting information.** When trying to get more information on the child, do not focus on the disability. Ask the same questions you would of any potential camper - age, where they go to school and what, if any, accommodations they receive there. Ask the parent/guardian to describe the child and his or her interests. You can also inquire about what activities the child finds difficult or unappealing.

QUESTIONS THAT YOU MIGHT ASK IN ORDER TO UNDERSTAND IF THE CHILD MAY BE A GOOD FIT FOR YOUR CAMP OR IF YOU SHOULD REFER TO ANOTHER CAMP PROGRAM.

- Why are you looking for a camp serving children with disabilities?
- Tell me about your child (interests, dislikes, school, interactions with peers and adults).
- What do you hope that your child will gain from a camp experience?
- Are there any supports that the camp would need to provide so that your child’s experience would be most successful?

BRIEF TELEPHONE SCREEN FORM

The goal of the initial phone call to the family will be to begin to establish a relationship with the family, assess the child's strengths, needs, and goodness of fit. If it seems like it is a good fit and the child might require additional support at camp, a meeting can be set up with the family, and a more detailed intake form sent to the parent(s) to complete prior to the meeting.

Child's Name: _____

Date of Birth: _____ Age: _____

Name of School: _____ Child's Grade: _____

Returning Camper? Yes No

1) Tell me a little about your child's strengths and challenges.

2) Has your child attended any type of camp before? If yes, which camp? (Assess whether it was a specialized or typical camp, the camper to staff ratio, whether the child had any additional supports, as well as why the camp was/ was not a good fit for the child.)

3a) What type of classroom setting(s) is the child currently in at school (e.g. specialized and/or typical classroom)?

3b) What is the ratio of children to staff in the classroom and what staff are in the room (e.g. assistant teacher/ co-teacher, aide - classroom, shared, 1:1?, SLP, etc.)?

3c) Does your child receive any special supports or accommodations throughout the day at school? (e.g. pull-out services including resource room/learning specialist/therapies; social skills group; accommodations within the environment such as preferential seating or a behavior chart; modifications to classwork or materials such as larger print, less items, use of a computer for writing; assistance with transitions, etc.)

4) Tell me about your child's language and communication skills... (e.g. speaks in full sentences, expresses needs verbally, back and forth conversations, self-advocacy, shyness around speaking, etc.)

5) Does your child have any history of being verbally or physically aggressive? (e.g. calling other children names, hitting, kicking, biting, throwing things, etc.)

6) How much assistance/ supervision does your child require to complete daily living skills (e.g. *toileting* skills – wiping self, going into restroom on own, any accidents; *dressing* – such as changing for swim; *eating* – fine motor skills like opening wrappers, feeding, using a napkin, etc.)

If the child requires assistance, what type of help is needed? (e.g. visual or verbal reminders, physical assistance, etc.)

7) Throughout the call, try to assess whether this child seems like he/ she will requires extra support at camp and what types of extra support. If it is still unclear, ask the parent:

What type of extra support do you feel would be helpful for your son/ daughter in the camp environment?

*If the child seems like he or she could be a good fit and you decide to move forward with a meeting, encourage the parent to bring any documentation of current accommodations or supports that help the child at home and at school to the meeting (e.g. behavior management plan, 504 Plan, IEP, etc.)

Sample Intake Forms

Intake Form 1

Child's Name: _____

Date of Birth: _____

Attach picture here

Family Contact Information

With whom does the camper reside?

Parent living situation and names and ages of siblings.

Briefly describe and characterize your child's disability-related need(s).

Please list any medications that your child currently takes.

Is your child unable to participate in any activity due to medical restrictions? Please explain.

Is your child currently receiving any services in or out of school such as occupational therapy, speech, or counseling? Please list those services along with the names and contact information of service providers.

Does your child attend a public or a private school?

Name of school and teacher

Contact information

Has your child previously attended day camp or overnight camp? Please tell us about his/her experience there and the contact person at the camp.

Describe communication methods that your child uses (speech, written, sign language, etc.).

Describe your child's social interactions and friendships with age peers

What situations might cause anger or frustration for your child?

How does your child react when angry or frustrated?

Please describe the negative behaviors which have been observed at home or at school and the strategies which have been most effective in managing them (e.g. written or picture schedules, point systems, praise, time outs, etc.):

Describe any specific behavioral plan used for your child.

Describe the best way to redirect your child or to engage him/her in an activity.

Does your child wander or run away, display aggressive behavior toward others, harm him/herself or destroy property? Please explain.

Describe the best way to introduce or explain new tasks or make transitions between activities.

Please list any phobias/fears that may cause behavioral difficulties.

Does your child require any assistance or reminders for toileting, feeding, bathing or dressing? Please describe.

What is your child's bedtime routine and wakeup pattern?

Tell us about your child's interests and activities that your child really enjoys.

What are your goals for your child at camp this summer?

Has your child's disability been professionally evaluated? Yes No

If yes, date of testing:

By whom/ through what agency?

Please list the diagnosis (ex. Asperger's, ADHD, Anxiety, Intellectual disability, ODD, Tourette 's syndrome, mood disorder, etc.). Please list all.

Does your child receive accommodations in school through a 504 plan or an IEP? Please list the special services or accommodations provided to your child in school (e.g. therapies, one to one aide, special education class, resource room, behavior intervention plan, etc.

Have there been any changes in the family or home situation over the past year?

Please share any other information and offer any suggestions that you think would help us to provide a successful summer for your child.

Special dietary concerns or needs.

Please submit behavior plans, IEPs and psychological reports.

I give permission for Camp XXXXX to contact the school, teachers, social workers, therapists and/or physicians for the purpose of gathering or releasing information regarding my child, named above. The information will be used to help the staff to provide an effective plan for my child while at camp. All information will be kept confidential.

Signature of parent/guardian: _____ Date: _____

Intake Form 2

Before meeting with your family, we would like to have a little more information about your child to help guide our conversation. Please answer as honestly as possible, so that together we can help determine whether New Country Day Camp would be a good match for your child. Thank you!
Child's Name:

Date of Birth:

Grade in September 2014:

CAMP EXPERIENCE:

Has your child ever attended either day camp or overnight camp? If yes, what camp(s)?

Did your child have any special accommodations or support?

Please tell us what those experiences were like:

EDUCATIONAL INFORMATION:

What school does your child attend?

Please describe your child's classroom setting (e.g. typical or specialized classroom, student: staff ratio, level of support, etc.)

List all services your child is receiving from both the school system and privately (include aides, resource room, speech-language, counseling, social skills group, psychiatry, etc.)

STRENGTHS AND INTERESTS

Please describe your child's strengths.

What are your child's hobbies and areas of interest?

HEALTH/ MEDICAL HISTORY AND INFORMATION

Vision:

Does your child wear glasses? How often?

Does your child wear contact lenses? How often?

Any other vision issues? If yes, please explain:

Hearing:

Does your child wear hearing aids? How often?

Does your child have cochlear implants?

Any other hearing issues? If yes, please explain:

Other Assistive technology/devices:

Aside from those mentioned above, does your child regularly use any assistive devices (e.g. for communication, writing, mobility, etc.)? If yes, please explain.

Developmental and Emotional:

Does your child have a developmental difference or diagnosis? If yes, please explain.

Does your child experience challenges with behaviors or emotions or have a mental health diagnosis? If yes, please explain.

Sensory Sensitivities:

Does your child exhibit any sensory issues/sensitivities?

If yes, please circle all that apply:

bright light

loud sounds/noise

smells

touch

temperature

pain

textures (food/clothing, etc.)

water

crowds (noise and touch)

other – Please describe:

Please explain how this might impact your child at camp:

Allergies:

Does your child have any allergies? If yes, please list:

Diet:

Does your child have any dietary restrictions? If yes, please explain.

Activities:

Does your child have any activity restrictions? If yes, please explain.

Other:

Please list any other current health conditions that your child is experiencing but that have not been mentioned above (e.g., tics, anemia, diabetes, seizure disorder, etc.)

Medications:

Please list all medications and vitamins that your child is currently taking and the purpose of the medication/vitamin/supplement.

Social Functioning:

How does your child tend to do socially – does he/she prefer to participate and be with other children, to be more of an observer, or to engage in more solitary activities?

Does your child require encouragement and support to join in group activities?

Please describe your child's strengths and challenges during social interactions.

Emotional and Behavioral Information:

What are triggers or situations that your child finds challenging?

How does your child show that he/she is feeling frustrated, upset, anxious, or overwhelmed? What are the signs or behaviors?

What have you found to be most effective to help your child manage those situations in which he/she becomes frustrated, upset, anxious, hyperactive, or overwhelmed?

What specific activities help to soothe and calm your child?

What is the best way to redirect your child, if necessary?

What is the best way to help your child transition from one activity to the next?

Does your child exhibit any repetitive behaviors? If yes, please indicate how the behaviors are addressed at home and school.

Does your child have a behavior management plan at home and/or at school? If yes, please indicate the behaviors that are addressed by the plan.

Does your child have any history of the behaviors listed below? If yes, please circle all that apply:

verbal aggression (e.g. name-calling, using disrespectful language towards others)

physical aggression (e.g. hitting, biting, kicking, throwing, scratching people or things)

self-injurious behaviors

wandering away from the group

running away/ "bolting"

being suspended from school

If you checked any of the above behaviors, please explain the circumstances and frequency of these behaviors.

Have there been any recent changes or stressors in your child's life that would be helpful for us to know about (e.g. new baby, move to new home, divorce, death, change of schools, family illness, etc.)? If yes, how has your child reacted to those changes?

Daily Life Skills:

Does your child have difficulty and require support with any of the activities below? If yes, please check all that apply and explain.

eating

dressing/ changing for swim

toileting

riding in a vehicle

reading

writing

Additional Information:

Is there anything that we have not yet covered that you think would be important for us to know?

Parent/Guardian Name/ Signature

Date

Intake Form 3

Contact Information

Child's Name: _____

DOB: _____ Grade level as of Fall 2014: _____

Address: _____

Parent(s)/Guardian(s) Residing with Child:

1. _____

Relationship: _____

Home Phone: _____

Cell: _____

Email: _____

2. _____

Relationship: _____

Home Phone: _____

Cell: _____

Email: _____

Check Preferred Method of Contact: Phone Email

Please list the names and ages of siblings residing with your Child:

Parent/Guardian NOT residing with your Child:

1. _____

Home Phone: _____

Cell: _____

Email: _____

Check Preferred Method of Contact: Phone Email

Please list the names and ages of siblings NOT residing with your Child:

Address: _____

Medical Information

Pediatrician's Name: _____

Phone Number: _____

Address: _____

Psychologist's Name: _____

Phone Number: _____

Address: _____

Are your child's immunizations up to date? Yes No

Has your child's disability been professionally evaluated? Yes No

*If yes ,

Date of Testing: _____

Name of Testing Organization: _____

Please check all that apply to your child. If your child's diagnosis is not listed, check the box labeled "Other" and add the diagnosis to the list:

Developmental or Neurological

Autism

Asperger's Syndrome

Chromosomal Disorder

Down's Syndrome

Non-Verbal Learning Disability

Pervasive Developmental Disorder

Seizure Disorder

Sleep Disorder

Other:

Sensory and Motor Skills

Apraxia

Cerebral Palsy

Developmental Coordination Disorder

Fine Motor Delay

Gross Motor Delay

High Muscle Tone

Low Muscle Tone

Sensory Processing Disorder

Paralysis

Other:

Communication and Speech-Language

Articulation Fluency

Voice Disorder

Auditory Processing

Stuttering

Deaf

Hard of hearing

Blindness

Other:

Learning Disabilities

Dyscalculia

Dysgraphia

Dyslexia

Other:

Anxiety/Mood Disorders

Bipolar Disorder

Depression

General Anxiety Disorder

Obsessive-Compulsive Disorder

Panic Disorder

Post-Traumatic Stress Disorder

Selective Mutism

Separation Anxiety

Social Phobia

Tourette's Syndrome

Other:

Behavior

Attention Deficit Hyperactivity Disorder

Conduct Disorder

Impulse Control Disorder

Other:

Does your child have their own specific way of referring to their diagnosis other than using medical terminology? If yes, what terminology is your child comfortable with?

Please list all medications that your child is currently taking:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Is your child on a special diet? Yes No

*If yes, what type: _____

Does your child have any food allergies? Yes No

*If yes, what are they: _____

Does your child maintain a regular sleep schedule? Yes No

How many hours of quality sleep do you think your child generally receives?

Less than 4 hours

Between 4-6 Hours

Between 6-8 hours

More than 8 hours

If your child is currently receiving any services inside or outside of school such as OT, speech, counseling, etc., please list the services along with the names and contact information of the service providers:

1. _____

2. _____

3. _____

4. _____

Is there any additional health information you can provide that will help us meet your child's medical needs?

Academic Information

School Name: _____

Phone Number: _____

School Program: _____

Teacher Name: _____

What subjects does your child enjoy the most at school? _____

Personality and Social Skills Information

Please check all that apply to your child. There are three open fill-ins to add your own traits, but feel free to add more if you wish. This is a broad list of traits to help us find a starting point.

- Affectionate
- Passive
- Sad
- Very Active
- Self-confident
- Careless
- Nervous
- Fearful
- Even Tempered
- Aggressive
- Immature
- Talkative
- Sensitive
- Restless
- Cheerful
- Fearless
- Quiet
- Friendly
- Independent
- Dependent
- Reflective
- Moody

Eager to learn

Outgoing

Other: _____

Other: _____

Other: _____ Which social/thinking style best fits your child (check only one):

Introverted

Extroverted

Mixed

During conversation, does your child ever find it difficult to (check all that apply):

Maintain focus on one topic

Respond appropriately

Consider other people's perspectives

Be a flexible thinker

Come to a mutual agreement

Understand nonverbal cues

Utilize nonverbal cues

End a conversation

Is your child able to engage and maintain social relationships with same age peers? Yes No

Does your child participate in any social events or cooperative activities such as school clubs, sports, dances, music, etc.? Yes No

What are some activities your child likes to do with other people? _____

What are some activities your child likes to do when they are alone? _____

Is there any additional information you would like us to know about your child's ability to communicate?

Daily Operating and Behavior Information

Does your child have difficulty:

- Staying/getting organized
- Staying focused on one task
- Physical transitioning
- Transitioning to a different mindset

Please explain:

Does your child ever get stuck on a specific task and become unable to break away from it?

- Yes
- No
- Occasionally

Do you consider your child to be flexible?

- Yes
- No
- Occasionally

Is your child able to ignore internal and external distractions and focus on the task at hand?

- Yes
- No
- Occasionally

Does your child ever drift off into his/her own thoughts and daydream for an extended period of time?

- Yes
- No
- Occasionally

Is your child capable of learning from his/her experiences?

- Yes
- No

Occasionally

In the past two years, has your child ever (check all that apply):

Hit anyone

Thrown items

Scratched anyone

Bit anyone

Intentionally broken property that didn't belong to them

Thrown a tantrum

Lied to an adult

Refused to cooperate or follow directions

Yelled at others

Stolen someone else's property

Why do you think your child may have acted in such a way?

Would you feel comfortable taking your child and another out into the community without any other adult support? Yes No

Does your child ever need multiple reminders to stay on task?

Yes

No

Occasionally

Has your child ever had a 1:1 support at his/her school? Yes No

Has your child ever been asked to leave a program or not come back the following session? Yes No

If yes, please explain: _____

Does your child have a current Behavior Plan at school? Yes No

What are some interventions that have worked successfully for your child?

Are there any specific situations that will cause anger or frustration for your child?

When your child becomes upset, how long does it take him/her to calm down and return to the group activity?

Is your child able to calm him/herself down or will they need adult support?

Should your child ever require adult support in the de-escalation process, what strategy do you think your child would benefit most from? _____

Please feel free to use the remaining space to include any additional information that could help us in supporting your child as they give back to the community.

Parent Interview

Explain that the purpose of the interview is to be as prepared as possible for each camper. Any information the parents give us will be helpful in creating a fun, safe, and successful camp experience for their child. Most questions should lead to a conversation about the topic as related content, rather than just a specific answer to the question. The goal is to have the parent(s) provide good insights on creating supports and accommodations for their child as a camper.

Preliminary Info

What is your child's disability related need?

What type of school program does your child attend? How has school been going this year?

Who is the best person for us to talk to from school to get information about your child in a school or group setting? Get name and number.

Communication Skills

Is your child verbal? If so, how verbal? (2-3 word sentences, conversational level, etc.)

If not verbal, how does your child communicate? Get as many specific examples as possible.

If your child uses a communication device, will it be sent to camp?

Can your child communicate basic needs? (E.g. bathroom, hungry, tired, etc.)

Social Skills

How well does your child relate with peers?

What is difficult for your child in regard to social interactions?

Does your child have opportunities outside of school to socialize or spend time with peers?

What is the best way for your child to communicate with friends post-camp? (E.g. email, Facebook, letters, etc.)

What supports does your child need to be successful in communication with friends post-camp (i.e. boundaries of when and how to contact, suggestions regarding topics, etc.)?

Behavior

How does your child communicate when frustrated? Happy? Scared? Sad?

Does your child have any significant behavioral challenges? Such as? (i.e. Aggression, self-injurious, shutting down, tantrums)

If so, describe in detail.

What are common triggers and how often do these behavioral challenges typically occur?

What do you do to intervene?

What helps your child relax?

Does your child have trouble transitioning from activity to activity? What strategies are helpful?

Does your child exhibit any self-stimulating behaviors, repetitive behaviors or speech patterns, or other behavioral quirks?

Self-Help

How independent is your child in self-care/daily living skills (i.e. dressing, eating, toileting, and showering)?

What supports are used to help your child with self-care? (e.g. hand-over-hand physical assistance, prompting, etc.)

Are there any special concerns/suggestions for supporting your child with self-care or hygiene?

For females: Does your daughter get her period? If so, does she need any assistance with feminine hygiene?

Medical Needs

What medications does your child take?

Are there any medical conditions we should be aware of?

Are there any psychological conditions we should be aware of?

Does your child have any history of seizures? If so, how do seizures present? What are specific triggers? What is the current action/treatment plan in the event that your child has a seizure?

Does your child have any allergies?

General Interests

What are your child's interests/hobbies?

What motivates your child?

What camp activities do you think your child will enjoy?

What will he/she not enjoy?

Are there any specific things/situations which your child is frightened of?

What are your child's favorite foods? Least favorite foods?

Sleeping Habits

What time does your child usually go to bed? Wake up in the morning?

Has your child ever slept away from home or attended an overnight camp?

Does your child have any special bedtime rituals?

Does your child have any sleep disturbances? (E.g. Trouble sleeping through the night, Sleep walking, Nightmares, Bedwetting)

Do you have any suggestions for making bedtime go smoothly?

Camp Related Activities

Can your child swim? How well?

Does your child have any fine or gross motor difficulties, or physical restrictions? How will they affect his/her participation in camp activities?

Are there any physical accommodations that your child will need or would find helpful in navigating the physical space at camp?

Are there any safety concerns that we should be aware of? What are they?

What kind of religious experiences has your child participated in? Does your child attend services? Does your child know any of the prayers?

What expectations do you have for your child's camp experience?

Is there anything else we need to know to make sure your child has a successful, fun, camp experience?

SENSITIVE TOPICS TO ADDRESS WITH PARENTS/ GUARDIANS

The following topics and questions may be helpful to address directly since they represent information that families may be hesitant to write on a form or bring up in conversation. Families' responses to these topics can provide us with information that can help us to better assess the supports that the child will need in a summer camp program, as well as the goodness of fit with the supports provided at New Country Day Camp. It will be up to those meeting with the parents to determine whether to address most of these questions on a routine basis and explain to parents that it is the policy, or to address only those questions that seem like they may be relevant on a case by case basis. For many of the questions, examples of behaviors are provided, which may be used to make it easier for the parents to understand the questions if necessary. In most cases, these questions are best addressed without the child present ; however, depending upon the parents' responses, some follow-up with the child may be necessary.

*In addition to these topics, remember to follow-up on any red flags or information that you would like to hear more about, from the parents' responses to the Background Information Form.

FAMILY

If the child's parents are divorced, who has legal custody of the child and who is able to make decisions about the child's care and services?

Do the parents have joint custody (even if the child lives most of the time with one parent) or is it sole custody?

This information is important with regard to who can sign the child up for camp, who can make medical decisions, who can sign releases for staff to speak with the school, a therapist, etc.

EMOTIONAL/ BEHAVIORAL

Does the child have any history of being bullied and/or bullying others? What happened? How was it resolved? Does the child still have sensitivities/ triggers related to the incident(s) that may make them act in certain ways (e.g. feel like others are laughing at/ looking at/ talking about them, sensitivity to certain words or comments, etc.)?

Does the child have any specific fears/ phobias?

Has the child ever talked about hearing or seeing things that are not real or that other people do not see or hear?

(Assess any history of psychotic thinking/ episodes.)

Has the child ever tried to hurt themselves, threatened to hurt themselves, or spoken about wanting to hurt themselves or take their own life?

Does the child have any history of psychiatric hospitalization(s)? If yes, how many times? When? What statements, behaviors, or emotions led to the hospitalization(s)? For how long was the child hospitalized (in each incident)?

Has your child ever:

-Kicked or punched holes in walls?

-Broken things in anger/ ruined or destroyed property?

-Hurt or harmed animals?

If yes, when was the last incident? How frequently do these incidents occur? What are the triggers for such incidents? Do the behaviors seem to be accidental or intentional? (e.g. an expressed desire to break something that belongs to someone else or it happens accidentally because the object is in the child's way during a tantrum, etc.) How long does it take for the child to calm down afterwards? How does the child feel about the incident afterwards (e.g. is there remorse, confusion, etc.)?

What methods/techniques help to prevent such incidents? What are the best way to handle these events (in the moment) when they occur?

Have the police ever been summoned to help manage your child at school or at home?

Has the child ever engaged in any sexual acting out behaviors? (e.g. exhibiting provocative behaviors, using inappropriate language, trying to touch others' private parts, exposing themselves, etc.)

If there is any endorsement of touching oneself/ masturbation in public, ask the parents - how are those behaviors successfully addressed at home and at school?

(e.g. ignoring, telling the child another specific behavior to do with hands, providing a fidget toy for sensory input, etc.)

DEVELOPMENTAL/ HYGIENE

Does your daughter have her period yet? If yes, is she able to handle it on her own or does she need reminders to change pads/tampons or help with any part of the process?

Are there any hygiene issues that it would be helpful for us to be aware of or that your child would benefit from reminders about?

Camper Intake (Questions to be asked at a Home Visit)

How are you feeling about coming to camp?

What should I know about you?

What are some of the things you like to do at home or at school?

Is there anything you really want to do while you're at camp?

Explain general types of camp activities, majors, and get a sense of what they might like to do...

What are some of the things you don't like to do?

Is there anything about camp that you're worried about?

Do you have any questions for me about camp?

Explain that they can be in touch at any time with questions or things they would like me to know...

School Staff or Therapist Intake

All questions should be answered specific to the school/community environment only.

Preliminary Info

What is your position?

How long have you known the student?

How often and what type of contact do you have with the student?

Specific Program Info

Explain the school program in which the student is enrolled (i.e., self-contained, inclusion, etc.)

If self-contained, how much time does the student spend daily with the mainstream school population?

Does the student have an assistant at any time during the day? If so, what does the assistant help the student with?

Communication Skills

Describe the student's communication skills (receptive, expressive). What have you noticed is difficult for the student with regards to communication?

How does the student communicate when frustrated? Happy? Scared? Sad?

Does the student communicate basic needs? (E.g. bathroom, hungry, tired, etc.)

Are there any strategies that are helpful in supporting the student with effective communication and self-expression?

Social Skills

How often does the student spend time with peers? In what activities/classes?

Does the student interact well with peers?

What is difficult for the student with regard to social interactions?

What supports/strategies are used to assist the student with social interactions?

Behavior/Self-Regulation

Does the student have any significant behavioral challenges? Such as? (E.g. Aggression, self-injurious, shutting down, tantrums)

If so, describe in detail.

When and how often do these behavioral challenges typically occur?

Does the student have any difficulty with self-regulation or emotional regulation?

What strategies are successful in helping the student to relax?

Does the student have any difficulty transitioning from activity to activity? What strategies are helpful?

Are there any safety concerns at school? Has the student ever engaged in unsafe behaviors (E.g., running away, climbing, etc.)

General Interests

What is motivating to the student?

What activities does the student typically enjoy the most at school?

Are there any things that the student really does not like or is scared of?

Do you think that the student will be successful in an overnight camp environment?

Is there anything else we should know that might be helpful when working with this student at camp?

Information Release Form

February 2015

Dear Parent/Guardian,

In order to get to know your child better and to assess how we can best support your child at camp, we will need to access confidential information from your child's physician, social worker, caseworker, therapist, teacher or other service provider.

Below you will find a statement of consent. Please sign it, and include it in the completed application packet you send back to us.

Thanks again for applying to Camp XXXX. If you have any questions, please do not hesitate to call me at _____.

Sincerely,

Director

Camp XXXXXX

I, _____(Name of parent/guardian), give permission for _____(Name of Service Provider), _____(Title), to provide information about my Child, _____.

Parent/Guardian Signature: _____ Date: _____

Mission Statement on Website

It is important to add a statement about inclusion to your mission statement and to publish it on your website so that the commitment becomes an intrinsic part of your message, and is not heard through the intake process or at camp for the first time.

Here is a good example from Herzl Camp's website:

At Herzl Camp, we strive to include all Jewish youth. Thanks to our recent capital campaign, our camp is fully accessible for campers with physical challenges. Campers with cognitive or emotional challenges are also welcomed into our camp program. Campers with special diets or other health considerations can often succeed at camp, too.

We practice inclusion by mainstreaming meaning that all campers participate as they are able in the same camp program. To succeed, we need you to partner with us. We'll have some conversations with you, your child's teachers and caregivers and determine if we can meet your child's needs while at camp. Every child is unique so we start by getting to know you and your child before any decision is made.

If your child would do better in a program that is only for kids with similar challenges, we can connect you with other Jewish and secular programs.

And one from Capital Camps:

The Atzma'im (Hebrew for Independence) program represents a significant commitment to the notion of an inclusive community. Children join this program and are enveloped in a comprehensive support system that helps ensure a successful experience for them and their peers. All campers live in cabins, and the strength of the program is derived from its mainstreamed nature. Our ADA compliant facility provides improved access for those with physical challenges, and our talented supervisory staff guide specially trained counselors to guarantee a superior experience. All new campers participate in a low-key pre-camp screening prior to formal registration to establish that the placement is appropriate and to set expectations that are realistic for each individual camper.

As we teach tolerance and kindness, the Atzma'im program is a powerful hands-on educational element that has proven to be meaningful to all members of our community.

From inception, Capital Camps has had an abiding commitment to the concept of 'camp for all'. Our Atzma'im (Independence) program is designed to provide a meaningful immersive Jewish Camp experience for children with special needs. A shining jewel of our camp program, this fully-inclusive option mainstreams campers into traditional cabins where they receive additional staff support to ensure their success. Our ADA compliant facility provides improved access for those with physical challenges, and our talented supervisory staff guide specially trained counselors to guarantee a superior experience. All new campers participate in a low-key pre-camp screening prior to formal registration to establish that the placement is appropriate and to set expectations that are realistic for each individual camper.

We are proud that we are one of the few quality Jewish residential camps to offer this type of program which at present is available to rising 3rd through 10th grades.

We truly believe that our entire community benefits from interacting with Atzma'im participants as we live, play, laugh and dream alongside one another. Please be in touch with us directly for more information.

Another from Groton Parks and Recreation:

Groton Parks and Recreation recognizes the value of including people with varying levels of ability as a means of strengthening our community. The Department makes all programs, services and activities equally available to children and adults with disabilities, makes special efforts to be welcoming to all citizens, supports efforts to affirm the dignity of all participants, strives to enhance each individual's potential for full and active participation, and provides specialized programs specifically designed for children and adults who need more assistance.