



Classroom/Day Program Information Form

To be completed by the camper's teacher or day program supervisor, if applicable. **If the camper is not enrolled in school and does not participate in a day program environment, please have someone other than the camper's primary care providers fill this out (CAP worker, facilitator, babysitter, etc).** This can be filled out electronically and emailed back to us. Just save the file as a pdf when you are finished filling it in and you should be able to attach to an email. If you need another file format please let us know.

My camper named _____ will be attending a Social Recreation Program in Onslow County through the Autism Society of NC. Please fill in this form using detailed, specific answers. Please attach a copy of this camper's most current behavior program, daily schedule, or any other info from your program that would be helpful to us in preparing for this camper to attend our residential program. Any information you can give us regarding him/her would be greatly appreciated. THANK YOU!

Should we have questions about the camper, may we contact you for additional information?

____yes ____no

If yes, please give us your name and contact information:

Name _____

Phone # () _____ School/Program () _____

Email _____

INSTRUCTIONS: Please check the appropriate description(s) for each item. You may check more than one. Feel free to use additional sheets of paper.

SCHEDULES	
Which types of schedules work best for your camper?	
A. ____ Written Schedule	B. ____ Full Day
____ Line Drawing Schedule	____ ½ Day
____ Photo Schedule	____ 2-3 Events at a Time
____ Object Schedule	____ 1 Event at a Time
Additional Information: _____	

COMMUNICATION	
Receptive	Expressive
<input type="checkbox"/> Sentences	<input type="checkbox"/> Sentences
<input type="checkbox"/> Short phrases	<input type="checkbox"/> Short phrases
<input type="checkbox"/> One word	<input type="checkbox"/> One word
<input type="checkbox"/> Signs	<input type="checkbox"/> Signs
<input type="checkbox"/> Gestures	<input type="checkbox"/> Gestures
<input type="checkbox"/> Reads sentences	<input type="checkbox"/> Writing
<input type="checkbox"/> Reads 2-3 word phrases	<input type="checkbox"/> Pictures
<input type="checkbox"/> Reads single words	<input type="checkbox"/> Objects
<input type="checkbox"/> Pictures	
<input type="checkbox"/> Objects	
Additional Information: _____	

SUPERVISION
<input type="checkbox"/> Camper can function totally independently in all or almost all settings with only occasional supervision.
<input type="checkbox"/> Camper can function independently for short periods of time and can be supervised in a group with 1 staff and several other campers the rest of the time.
<input type="checkbox"/> Camper generally can function in a group with a supervisor and 2-3 other campers. Camper needs one-to-one supervision only during specific activities.
<input type="checkbox"/> Camper generally needs one-to-one supervision, but can function in group situations for some activities.
<input type="checkbox"/> Camper needs one-to-one supervision throughout the day.
<input type="checkbox"/> Camper needs more than one staff with him/her all day or when agitated or upset.
Additional Information: _____

REINFORCEMENT

Please list anything you use to help reinforce skills.

Reinforcers:	Schedule of Reinforcement:
_____ Edibles (food or drink)	_____ fixed time interval (i.e., every 2 min)
_____ Music	_____ Completion of task or activity
_____ Tokens	_____ End of day
_____ Particular object	_____ End of time period
_____ Preferred activity	

Please describe manner of reinforcement: _____

BEHAVIORS

This section is very important and we ask for as much information as you can provide. Please specify the consequences for the behavior (for example, tightening the structure, redirection, withholding reinforcement, time out, etc.). We ask that a copy of the behavior program be attached to this form, particularly if an aversive procedure is being used. If the behavior program should change after you have returned this form, please send an addendum to the camp program. If the behavior program is dependent on any specific materials (data sheets, tokens, favorite object, visual system, etc.), please send the materials to camp.

<u>Behavior</u>	<u>Consequence</u>
Throwing materials	_____
Running away	_____
Hitting others	_____
Spitting	_____
Kicking others	_____
Biting others	_____
Self-Injury	_____
Screaming	_____
Refusing activity	_____
Other _____	_____

What warning signal(s) indicate that the behavior will occur? _____

ADDITIONAL INFORMATION

Please check either "yes" or "no" to the following questions and explain as needed.

- yes no Can the camper ask for help?
- yes no Is the camper upset by changes in the routine?
- yes no Is the camper upset by changes in the environment?
- yes no Is the camper upset by changing the staff working with him/her?
- yes no Does a warning of change help the camper deal with the change?
- yes no Is a transitional cue or signal used?
- yes no Does the camper communicate a dislike?
- yes no Does the camper communicate an illness?
- yes no Is the camper bothered by working closely to other people?
- yes no Is the camper bothered by excessive noises?
- yes no Does the camper have a particular fear?

Please explain:

Please list any advice that you think might help this camper better enjoy being at camp, and taking part in various outdoor activities: _____

Indoor Activity Sheet

Please check (✓) all activities that are appropriate for your camper's abilities and interests.

Work/Educational tasks: (check all that are appropriate for your camper)

sorting tasks manipulative tasks matching tasks
 writing tasks counting/math tasks other _____

Leisure activities: (check all that are appropriate for your camper)

books/reading puzzles word searches magazines
 crosswords writing letters blocks/lego
 board games – any favorites? _____
 card games – any favorites? _____
 other favorite leisure activities? _____

Arts and crafts activities: (check all that your camper enjoys)

painting with brush finger painting drawing
 coloring sheets making crafts collages
 stringing beads group art projects other _____

Using arts and crafts materials: (check all that apply)

Can your camper use:

glue sticks wet/liquid glue paint brush beads
 adapted scissors glitter stapler markers
 crayons colored pencils scissors (child or adult sized)

Does your camper have significant difficulties with fine motor activities? Yes/No _____

Please explain/give examples:

Are there any materials we should avoid using with your camper (due to behavior issues)?

Please list any additional activities your camper enjoys doing inside:

Please list things that might help your camper become more involved with the activities above:

Most appropriate work area for your camper:

private work area small group work table

Please return these forms to the parent to get back to us or you can return directly

Via email to: SRP_Onslow@autismsociety-nc.org

Via fax to: 252-658-3020

OR

Mail to:

113 Roberts Rd
Newport NC 28570