

### 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 Newport 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:

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

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## 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\\_Newport@autismsociety-nc.org](mailto:SRP_Newport@autismsociety-nc.org)

Via fax to: 252-565-0080

OR

Mail to:

113 Roberts Rd  
Newport NC 28570