



Office Use Only:

Program _____

Waitlist _____

Ex. Date _____

School/Community Setting Information Form

Camper's Name: _____

To be completed by the camper's teacher, day program supervisor or community support worker.

If the camper does not attend school, does not participate in a day program, or have any other support person in their life (other than family), you do not need to complete this form.

If you prefer to complete this form electronically rather than here on paper [you can visit this site to submit the School/Community Setting form online instead.](#)

Please complete this form with detailed information, the more information we have about the camper the better we can serve them at Camp Royall. Please attach a copy of this camper's most current behavior plan, daily schedule, reinforcement system or any other info from your setting that would be helpful to us in preparing for this camper. Any information you can give us regarding this camper would be greatly appreciated. Thank you for your time!

If we have questions about this camper, may we contact you for additional information?

___ Yes ___ No

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

Name _____ School/Program _____

Phone Number _____ Email _____

Supervision

___ Camper can function totally independently in all or almost all settings with only occasional supervision.

___ 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.

___ 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.

___ Camper generally needs one-to-one supervision, but can function in group situations for some activities.

___ Camper needs one-to-one supervision throughout the day.

___ Camper needs more than one staff with him/her all day or when agitated or upset.

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: _____

Schedules

Which type of schedule works best for this camper?

- | | |
|--|---|
| <input type="checkbox"/> Written Schedule | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Line Drawing Schedule | <input type="checkbox"/> ½ Day |
| <input type="checkbox"/> Photo Schedule | <input type="checkbox"/> 2-3 Events at a Time |
| <input type="checkbox"/> Object Schedule | <input type="checkbox"/> 1 Event at a Time |

Additional Information: _____

Reinforcement

Please list anything you use to help reinforce positive behavior.

Reinforcers:

- _____ Edibles (food or drink)
- _____ Music/Videos
- _____ Tokens
- _____ Particular object
- _____ Preferred activity

Schedule of Reinforcement:

- _____ Fixed time interval (i.e., every 2 min)
- _____ Completion of task or activity
- _____ End of day
- _____ End of time period

Please describe manner of reinforcement: _____

Behavior

This section is very important and we ask for as much information as you can provide. **If the camper engages in a behavior below**, 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 plan be attached to this form. If the behavior plan should change after you have returned this form, please send an addendum to camp. If the behavior plan is dependent on any specific materials (data sheets, tokens, favorite object, visual system, etc.), it would be helpful to have copies at camp.

Behavior:

Consequence:

- | | |
|--------------------|-------|
| 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.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Can the camper ask for help? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is the camper upset by changes in the routine? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is the camper upset by changes in the environment? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is the camper upset by changing the staff working with him/her? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Does a warning of change help the camper deal with the change? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is a transitional cue or signal used? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Does the camper communicate a dislike? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Does the camper communicate an illness? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is the camper bothered by working closely to other people? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is the camper bothered by excessive noise? |
| <input type="checkbox"/> yes | <input type="checkbox"/> 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 Activities

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

Leisure activities:

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

Arts & crafts activities:

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

Camper can use the following arts & crafts materials:

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

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

Please explain/give examples:

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

Please list any additional activities this camper enjoys doing inside:

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

Most appropriate work area for this camper:

Private work area Small group work table

Thank you for completing this form. If you have any questions, feel free to call the camp office at (919) 542-1033 or email us at camproyall@autismsociety-nc.org.

Teachers/Staff: Please return this form to the family once it has been completed.

Families: Once this form has been completed please log in to the registration site and upload the form to your account: <https://camproyall.campbrainregistration.com>

If you are unable to upload it, please email it to the address above or fax it to (919) 533-5324.

Thank you for your assistance.