

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 <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Sentences</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Short phrases</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>One word</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Signs</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Gestures</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Reads sentences</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Reads 2-3 word phrases</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Reads single words</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Pictures</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Objects</div> </div>	Expressive <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Sentences</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Short phrases</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>One word</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Signs</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Gestures</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Writing</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Pictures</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 10%;"><input type="checkbox"/></div> <div>Objects</div> </div>
Additional Information: _____ _____ _____ _____	

Schedules	
Which type of schedule works best for this camper?	
<div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 45%;"><input type="checkbox"/> Written Schedule</div> <div style="width: 45%;"><input type="checkbox"/> Full Day</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 45%;"><input type="checkbox"/> Line Drawing Schedule</div> <div style="width: 45%;"><input type="checkbox"/> ½ Day</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 45%;"><input type="checkbox"/> Photo Schedule</div> <div style="width: 45%;"><input type="checkbox"/> 2-3 Events at a Time</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px 0;"> <div style="width: 45%;"><input type="checkbox"/> Object Schedule</div> <div style="width: 45%;"><input type="checkbox"/> 1 Event at a Time</div> </div>	
Additional Information: _____ _____ _____ _____	

Reinforcement Please list anything you use to help reinforce positive behavior.	
Reinforcers:	Schedule of Reinforcement:
_____ Edibles (food or drink)	_____ Fixed time interval (i.e., every 2 min)
_____ Music/Videos	_____ Completion of task or activity
_____ Tokens	_____ End of day
_____ Particular object	_____ End of time period
_____ Preferred activity	
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.