

Last Name	
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2020 Inclusion Camper/Parent Input Questions

Camper LAST Name			Camper FIRST Name			Age	
						D.O.B	
Gender	Male	Female	Current School			Entering Grade Level	
Camper Nickname			Verbal/ Nonverbal			Half/ Full Day	
Parent/ Guardian LAST Name			Parent/ Guardian FIRST Name			Date	

Does your child have accommodations at school? (ex. 1:1 aide, extra breaks, behavior plan, etc.). Please explain.
Social & behavioral strengths (Where do you see your child being successful?):
Social & behavioral challenges (What does your child have difficulties with?):
Behavior tendencies (Aggression/self-harm/fleeing/refusal to cooperate/etc):
Interests/dislikes (Is there anything this child does not like ie: stickers, touch, etc.):
Triggers:
Any sensory concerns:
Hygiene/toileting:
Additional concerns / Comments (Please use the back of this page or add an additional letter)