

Last Name	
-----------	--



## 2021 Inclusion Camper/Parent Input Questions

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

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)