

Cali Camp at Big Rock Ranch

Inclusion Questionnaire

Date ____/____/____

Please answer the following questions by completing the blanks or checking the appropriate response. Additional comments that clarify your responses will be most helpful.

Child's Name _____ Summer Age Yrs. ____ Mos. ____

Date of Birth _____ Sex _____

Parent/Guardian: First _____ Last _____

Parent/Guardian: First _____ Last _____

Address: _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Name of School Child is attending _____ Grade Level _____

Address of School _____ City _____ Zip _____

Type of school program your child is enrolled in, if other than General Education (ex. Special Day Program) _____

May we contact your child's teacher? Yes _____ No _____

Teacher's Name _____ School Phone () _____

Has your child ever been diagnosed with a psychological/socio-emotional disorder (i.e. Aspergers, Autism spectrum)? Yes _____ No _____

If yes, please explain, so we are best able to determine your child's needs:

Please describe your child's educational services such as type of classroom and/or any additional services they receive:

Medical / Physical

What are your child's needs in the area of:

Fine motor skills such as grasping and manipulating objects? _____

Gross motor skills such as walking, throwing, climbing stairs, jumping and running?

Does your child use any mobility assistance such as a wheelchair or walker?

___Yes ___No

Does your child use any assistive/adaptive devices (helmet, touch talker, hearing aid)

___Yes ___No

Will your child need assistance with toileting or bathing?

___Yes ___No

If yes, please explain:

Will your child need assistance with dressing?

___Yes ___No

If yes, please explain:

Will your child require special assistance during meals?

___Yes ___No

If yes, please explain:

List your child's medical and/or psychological needs, including any medication(s) and dosage that he/she is currently taking:

Please explain the reason the medication is being given:

Will your child need to take medication during camp hours?

___Yes ___No

If yes, which medication and at what time?

Socialization

How does your child communicate his or her needs?

What works best in helping your child follow directions?

Please describe your child's social skills and relationships at home and school:

Please list any behavior that might affect his/her functioning in the camp group, including non-compliance, hitting self or others, biting self or others, tantrums or excessive restlessness:

Does your child have a tendency to wander from supervision and/or from a group? ___Yes ___No

Does your child have an Individualized Education Plan (IEP)? ___Yes ___No

If yes, does your child currently have a Behavior Support Plan in their IEP? ___Yes ___No

If yes, please describe the target behavior as stated in the IEP, and what interventions have been identified to assist in this area:_____

Does your child utilize any self-soothing skills independently (i.e. requesting a personal time out, asking to take a walk), Please explain?

Leisure / Recreation Time

Does your child participate in recreational programs outside of school?

___ Yes ___ No

If yes, please list: _____

Please list your child's favorite activities _____

What does your child like to do independently? _____

Who does your child mainly socialize with outside of school (ex Siblings', family members, peers, etc)? _____

Camp Activities

Has your child ever attended camp before?

___ Yes ___ No

If yes, please list the type of the camp?

Why is your child not attending the previous camp? _____

Describe your child's swimming abilities?

Does your child have any fear of large animals such as horses and farm animals?

___ Yes ___ No

Has your child ever participated in a horseback riding program?

___ Yes ___ No

Assistance

Does your child require adult assistance (traditionally referred to as a one-to-one or additional adult support) in school or in previous recreational experiences?

___ Yes ___ No

If yes, please describe (i.e. where and when):

Do you feel that your child will need *one-to-one assistance* in order to participate successfully in our camp program? Yes No

If yes, please describe the activities in which your child would need *one-on-one assistance*:

Has your child ever ridden on a school bus? Yes No

Has your child ever ridden on a school bus without assistance? Yes No

Please add any key routines you use with your child that might be useful at camp:

Is there any other information you can provide us, about your child that will assist us in including him/her in the Camp program and environment?

Does your child receive Regional Center services? Yes No

Please list the name of the Regional Center with whom you work? _____

Name of Case Worker: _____ Phone _____