



Summer Beach Camp Teacher Form 2017

PARENTAL PERMISSION FOR TEACHER TO COMPLETE THIS FORM. PARENTS PLEASE SIGN

My child, _____, is applying to participate in the Autism Delaware Summer Beach Camp at the Children's Beach House in August 2017. This day camp provides a fun, small group, structured environment led by autism trained staff and volunteers. The four days typically include activities such as arts and crafts, pool and beach swimming, kayaking, sailing, low ropes course, and sports. In order for Autism Delaware to consider our application complete and reserve a spot for our child, they must receive this completed form from the teacher. By 5/1/17, could you please complete this form and :

FAX TO: Autism Delaware Summer Beach Camp, 302-827-2389 (by 5/1/2017)

Please contact me, the parent/guardian, to let me know when this important step is complete. Please consider my signature below my permission for you to release this information to Autism Delaware. Thank you!

Parent/Guardian Signature

Date

Parent/Guardian Name (Print)

(To be completed by teacher:)

Name of Teacher: _____

School: _____ Phone/email: _____

Student Grade for 2017-2018 school year: _____ Does this student have an IEP? ___ Yes ___ No

COMMUNICATION What is the student's primary form of communication?

- Speaks Clearly
- Sign Language
- Speaks but may be difficult to understand
- Pictures /PECS
- Gesture
- Communication board or device
- Other:

Comments: _____

BEHAVIOR What, if any, behavioral issues does the student demonstrate?

- Self-injury (Bites Hits/kicks Pulls hair Picks Other)
- Aggression towards others (Bites Hits/Kicks Pulls hair Picks Other)
- Uncomfortable in crowds Wanders/runs from group Exaggerates pain/illness
- Cries or becomes upset easily Difficulty changing routines Overly Fearful
- Excessive cursing/vulgarity Elevated sexual interest Mental health needs
- Difficulty taking direction Overly dependent on others
- Seeks steady attention/entertainment Property Destruction (breaks things/throws things)
- Other: explain _____

Is a behavior support plan currently in place for this student? ___ Yes (if yes, please send copy) ___ No

What level of support is needed by this student at school overall? _____

FOR STUDENTS RECEIVING 1:1 SUPPORT AT SCHOOL: Which areas is that support mainly intended for?

- Academic
- Behavioral
- Social

Name of Youth/Camp Participant: _____

List any circumstances that may increase the likelihood of challenging behavior (i.e. loud noises, animals, etc.).

Warning Signs: What are some warning signs that student exhibits when becoming frustrated or distressed?

Calming Strategies: What helps this student calm down? _____

Please list any **reinforcers** this student likes: _____

SKILL	INDEPENDENT- NO ASSISTANCE NEEDED	NEEDS PROMPTING ONLY	REQUIES MODERATE-MAX ASSISTANCE	COMMENTS
Using Toilet				
Dressing/ Undressing				

In the past year, does this student have a history of toileting accidents? ___No ___Yes ___Unsure

History of toileting accidents in the swimming pool? ___No ___Yes ___Unsure

Does this student understand dangerous situations? (i.e. running in parking lot, entering water without supervision?) ___ Yes ___No

Would you recommend this student for Summer Beach Camp (a day camp)? ___ Yes ___ No

Teacher Name (Print)

Teacher Signature

Date