Some questions (those with square checkboxes) may have multiple answers that apply. On these questions, please check any and all boxes that best describe the child from your perspective. We appreciate any optional, additional descriptions or explanations you can provide.

Camper First Name: ______________________  Camper Last Name: ______________________  Nickname: __________________________

Your First Name: ______________________  Your Last Name: ______________________  Your Email: ____________________________

Occupation/Location: _____________________________________________________________

What is the best way to contact you if there are any further questions?: ________________________________________________________

1. What is your relationship to this child?
2. How long have you worked with this child?
3. Which of the following services does this child currently receive (or has received in the past 12 months)?
   - Individual Therapy
   - Family Therapy
   - Group Participation (i.e. social skills club etc.)
   - Respite Services/Therapeutic weekend program
   - Therapeutic After School or Part Day Program
   - Wraparound Care
   - Residential Placement
   - Other

4. What are the child’s strengths, interests and talents?

5. Please describe any emotional, behavioral, social or learning challenges this child is encountering. Please include any clinical diagnosis(es) of which you are aware.

6. What are the current/immediate goals of your work with this child?

7. What are the long term goals of this child?

8. What strategies/interventions do you find work best helping this child? What specific strategies or systems have been put in place at home (Star charts, reward systems, consequences, etc.)
9. What level of attention/interaction does this child require?
   How does this affect home life, interactions with siblings/parents/guardians, etc.?

10. Camp Starfish has a 1:1 staff-to-camper ratio to ensure a supportive and growth-focused environment. However, at times applicants confuse this with being one-on-one for basic safety or daily living skills. In which of the following areas, if any, will this child likely need one-on-one care rather than the general support of a 1:1 environment?
    Check all that apply & Space is provided for optional explanations.
    - Mealtime (Check if child will need help feeding himself/herself. Manners and table help are standard practice)
    - Bathroom (Check if child will need help physically using the toilet. Standard practice: reminders to use the toilet)
    - Showers (Check if child will need help physically showering. Standard practice: staff giving verbal prompts and hand out shampoo, towels, etc.)
    - Dressing (Check if child will need help physically clothing him/herself. Standard practice: help with picking out clothes, laundry, tying shoes)
    - Basic Safety (Check if child will wander away if someone is not actually holding his/her hand at all times)
    - None of the above
    - Other: ________________________________
    Optional details/additional comments:

11. Do you know if this child has ever been: (Check all that apply)
    - Suspended from school
    - Expelled from a school
    - Asked to leave a summer camp/program early
    - The “bully” in a bullying incident
    - The “victim” in a bullying incident
    - Self-Injurious
    - Suicidal (threatened, idealized or attempted)
    - Hospitalized for emotional/behavioral reasons
    - Aggressive towards others such that significant injury was caused
    - As far as I know, none of the above
    Optional details/additional comments:

12. Please choose the answer that applies best regarding your knowledge of this child’s interactions with peers..
    - I have personally seen this child interact with his/her peers
    - My Knowledge of this child’s interactions with his/her peers comes from the child or his/her parent/guardian(s).

13. To the best of my knowledge the following best describes this child’s relationship with peers. Check all that apply.
    - Works and plays well with others
    - Has difficulty getting along with others
    - Wants to be “in control” or “the boss” of games/rules
    - Is content to let others be “in control” of games/rules
    - Does not generally engage in play with others
    - No basis for answer.
    Optional details/additional comments:
14. With regards to making friendships with other children, this child:
   - Prefers being alone
   - Responds positively to other’s attempts but doesn’t initiate friendships
   - Seeks out friendships and is successful at creating and maintaining them
   - Seeks out friendships but is not successful at creating them
   - Seeks out friendships and is successful at creating them but not maintaining them
   - Prefers to spend time with adults rather than other children
   - No basis for answer

Optional details/additional comments:

15. Compared to other children his/her chronological age....
   - This child shows age appropriate emotional maturity
   - This child’s emotional maturity is below average
   - This child’s emotional maturity is above average
   - No Basis for answer
   - Other:

Optional details/additional comments:

16. Compared to other children his/her chronological age how “street smart” or “world wise” is this child?
   - he/she has an age appropriate knowledge
   - he/she has a more advanced knowledge than most youth his/her chronological age
   - he/she has less knowledge than most youth his/her chronological age
   - no basis for answer
   - Other:

Optional details/additional comments:

17. The closest description(s) of this child’s temperament are:
   - Typically shy and withdrawn
   - Neither shy nor outgoing
   - Typically very outgoing
   - Usually even tempered
   - Has occasional temper outbursts
   - Has frequent temper outbursts
   - Other: ________________________________

Optional details/additional comments:

18. Under what circumstances does this child become stressed, frustrated or defiant?
19. When this child becomes angry, he/she usually:
   - Fights - Verbally
   - Fights - Physically
   - Throws things in an attempt to relieve frustration
   - Damages property
   - Wants to seek revenge
   - Sulks or acts withdrawn
   - Other: ____________________________

Optional details/additional comments:

20. Within the past year, has this child needed to be therapeutically held for safety?.
   - No
   - Yes
   - I don't know

Please give any details you know about therapeutic intervention with relation to this child.

21. Please share anything we should be aware of regarding this child's family or family history, or details that would help us work most successfully with this child's parent(s)/guardian(s).

22. Please share any additional information you feel it is important for us to know as we evaluate this child's application for camp.

23. (Optional) We encourage you to attach any documents you feel would help us gain a broader picture of this student. Examples might include recent IEP documentation, writing samples, artwork, photos, etc. This is completely optional.

Thank you so much for taking the time to share your knowledge and impressions about this student with us. This information is an essential part of making sure Camp Starfish can provide a safe, fun environment for this student's growth and enjoyment.

Please return to:
Camp Starfish – Admissions Team
636 Great Road, Suite 2
Stow, MA 01775

Or, return by fax to 978-637-2907 or by email to deana@campstarfish.org. Thank you!