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 school does this student currently attend?

2. In which grade is this student currently enrolled?

3. Regarding his/her classroom placement, compared to peers his/her age....
   □ this student is placed at grade level
   □ this student is placed below grade level
   □ this student is placed above grade level
   □ Other: ____________________

4. What is your relationship to this student?
   □ Classroom Teacher
   □ Classroom Aide/Paraprofessional
   □ School Psychologist/Social Worker
   □ Guidance Department/Student Advisor
   □ Other: __________

5. How long have you worked with this student?

6. Please check all that apply to the educational environment of this student.
   □ Mainstream
   □ Special Education
   □ Residential/5 Day
   □ Residential 7/Day
   □ Therapeutic Day School
   □ Other: __________

7. How many children are in this student’s class?

8. How many teachers/adults support professionals work in this classroom?

9. Which of the following services does this student receive in school?
   □ Breaks from the classroom as needed
   □ Counseling
   □ Other:

10. What are this student’s strengths, interests and talents?
11. Please describe any emotional, learning or behavioral challenges that this student is facing. *Include any clinical diagnosis(es) if known.

12. Please share a few of the goals/objectives on which this student is currently working. *These can be academic or other (social, behavioral, etc.) goals.

13. The following best describes this student’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
   - Other: ________________________________
   Optional details/additional comments:

14. With regards to making friendships with other children, this student: (Check all that apply)
   - 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
   - Other: ________________________________
   Optional details/additional comments:

15. What level of attention does this student require? (Check all that apply)
   - is happy with a reasonable amount of attention
   - requires a great deal of attention
   - likes to be left on his/her own
   Optional details/additional comments:
16. The closest description(s) of this student’s temperament are: (Check all that apply)
   - Typically shy and withdrawn
   - Neither shy nor outgoing
   - Typically very outgoing
   - Usually even tempered
   - Has occasional temper outbursts
   - Has frequent temper outburst
   - Other: ___________________________________
   Optional details/additional comments:

17. Under what circumstances does this student become stressed, frustrated or defiant?

18. When this student becomes angry, he/she usually: (Check all that apply)
   - 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:

19. What Strategies/interventions do you find work best when helping this student? This can be academic and/or emotional/behavioral.

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

21. Do you know if this student 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:
22. 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 student 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:

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

24. Please share any additional information you feel it is important for us to know as we evaluate this student’s application for camp.

25. (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 Rd. Suite 2
Stow, MA 01775

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