**STATEMENT OF TEACHER OR CASEWORKER**

**Sunshine Camp**

(Upload form to your Camp Account Directly or Fax form to 585-533-1810

**CAMPER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This information is **extremely important** so that we can understand how the applicant is successful in a peer group setting and in a setting away from their parent, guardian or primary caretaker. Your honest and open response will enable us to set up an environment where the applicant can be successful at the Sunshine Camp.

CSE Classification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ratio Student/Staff \_\_\_\_\_\_\_\_\_\_\_\_\_ % of day in Special Edu. Setting: \_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **SOCIALIZATION** | **Yes or no** | **Behaviors** | **Yes or no** |
| Cooperates with teacher |  | Destroys Property |  |
| Occupies self-unattended |  | Wanders/Runs |  |
| Occupies self-attended |  | PICA |  |
| Needs constant supervision |  | Inappropriate Language |  |
| Prefers 1:1 attention from teacher |  | Inappropriate sexual behavior |  |
| Plays with peers |  | Self-injurious behaviors |  |
| Prefers 1:1 attention from peers |  | Hits/Kicks |  |

|  |  |
| --- | --- |
| **FRUSTRATIONS** | **Yes or No (If Yes please explain below)** |
| Is the applicant aggressive towards peers |  |
| Is the applicant aggressive towards teachers |  |
| Indicative signs of frustrating situation |  |
| Does the applicant recognize personal frustration |  |

If you answered Yes to the any of the above questions please explain below: (please use additional paper if needed)

What are some strategies that will help the student be successful at camp?

What Activities cause anxiety or stress?

What kinds of activities does the student have interest in?

**\*\*\* HAS THE APPLICANT REQUIRED PHYSICAL INTERVENTION WITHIN THE LAST YEAR? YES OR NO**

If yes, please give specific dates and define the aggressive behavior.

**\*\*\* Does the applicant have a behavior modification plan? Yes of No (If yes please attach)**

Name of Teacher/Caseworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to reach me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our Camp Directors may reach out to learn more information about our potential Camper. Thank you.

**Required: Do you recommend this camper for the Sunshine Camp in the belief that he/she will benefit from the experience and will not endanger or be endangered by the congregate life and activity of the group? YES \_\_\_\_\_ NO\_\_\_\_\_**

***In signing this form, I certify that the above information is correct and to the best of my knowledge of the applicant***