



CAMPER INTERACTION AND DEVELOPMENT FORM

What are your child's strengths? What do they enjoy? What are they looking forward to at camp?

What are some of the challenges your child faces, and/or may face at camp?

What are your child's interests?

What are some motivators that could enable your child to participate in camp activities if he/she is reluctant to?

What camp activities may be difficult for your child to participate in? (i.e. fine motor skills with sewing, hand-eye coordination with basketball, etc.)

What may be comforting for your child during a stressful situation at camp?

How does your child interact with his/her peers? Does your child require any assistance or modification when socializing with other children? (i.e. initiating interaction with others, introduction to other children etc.)

Do you have any safety concerns with regards to your child participating in camp? Please describe.

Describe what it may look like if your child should become upset. How do you manage such situations? What suggestions might you have for staff assisting your child during these situations?

What are the goals for your child at the Rainbow Day Camp program?

Does your camper require medication to be administered while at camp? If yes, please complete the Authorization for the Administration of Medication Form .

I, _____ have read the above statements and agree that it is accurate and substantial information that I have provided in regards to my child, _____.

Parent/Guardian Signature: _____

Date: _____

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For phone interviews only:

Yes – the parent has verbally agreed (over the phone) that he/she has provided accurate and substantial information in regards to the child’s special need(s).

No – the parent has not verbally agreed (over the phone) to concluded that the information provided is accurate and/or substantial in regards to their child’s special need(s).

Signature of Camp Director: _____

Date: _____