

Outdoor Adventure Camp Counselor Information Sheet

This form is your opportunity to give your child's camp counselors information that will help make your child's experience fun, exciting, positive and productive. Please fill it out in detail.

Camper's Name _____ Nicknames _____

Other family members (brothers, sisters, etc.) _____

Pets: (names and kinds) _____

Favorite activities/hobbies: _____

Activities to be encouraged: (sports, music, etc.) _____

Activities to be discouraged: _____

Favorite rewards: _____

Foods the camper likes: _____

Foods the camper dislikes or is not allowed to eat: _____

How much time is spent mainstreamed: _____

Allergies or sensitivities: (pollen, food, weeds, bees, etc.) _____

How does your child work during:

Independent or self-directed activities: _____

Small groups (about 5 campers): _____

How does your child play with:

Older children: _____

Younger children: _____

How does your child respond to unstructured free time (i.e., recess, free play?) _____

Is there anything your child is afraid of: _____

Behavior management techniques (rewards, consequences, comforts, etc. that work with your child):

Behaviors to be encouraged: _____

Behaviors to be discouraged: _____

Communication:

How well does your child communicate with others? _____

Please describe your child's ability to communicate basic needs (i.e. help, happy, sad, mad, hot, cold, hungry, bathroom, sick, etc.) _____

Are there any goals you would like your child to work on this summer?

Other things we should know (Please feel free to write on the back of this form):
