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**CAMP HOPE TEACHER/PROGRAM STAFF INFORMATION**

**For New Campers**

**\*COMPLETED BY TEACHER/PROGRAM STAFF\***

Camper/Student's Name: \_\_\_\_\_

Signature of Parent/Guardian authorizing release of information: \_\_\_\_\_

Dear Teacher/ Program Staff,

The individual whose name appears above will be attending The Arc of Essex County's Camp Hope program this summer. Camp Hope is a specialized day camp serving individuals with intellectual and developmental disabilities ages 5 and up. For the Camp Hope staff to incorporate the camper's skills and goals from the education setting to our camp setting, your input is requested. Although the primary goal of our program is recreational, many of our staff understand the importance of maintaining skills and achieving goals, outside of the school setting. Please complete the information below.

Please feel free to call us at (973) 535-1181 if you have any questions. Thank you in advance for your cooperation.

Teacher/Staff Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of School/Program: \_\_\_\_\_

Type of Class: \_\_\_\_\_

Camper's Disability: \_\_\_\_\_

Classroom/Program Ratio: \_\_\_\_\_

Please describe performance in the following areas:

\* **Can the camper perform the following classroom skills?**

Read \_\_\_\_\_ If yes, at what level \_\_\_\_\_

Write his /her name \_\_\_\_\_

Write words \_\_\_\_\_

Write sentences \_\_\_\_\_

Following directions \_\_\_\_\_

\* **What classroom activities does this camper like?**

The Most \_\_\_\_\_

The Least \_\_\_\_\_

**(Over, please)**

## CAMP HOPE TEACHER/PROGRAM STAFF INFORMATION

\* **Favorites**  
Books \_\_\_\_\_  
Songs \_\_\_\_\_  
Movies \_\_\_\_\_  
Television shows \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Other \_\_\_\_\_

\* **Social Interactions**  
Peers \_\_\_\_\_  
Adults \_\_\_\_\_  
Authority \_\_\_\_\_  
Out of school environment (ex: field trips, recess, etc.) \_\_\_\_\_

\* **Behavioral Challenges** (please include triggers)  
Aggression towards self \_\_\_\_\_  
Aggression towards others \_\_\_\_\_  
Self-stimulatory \_\_\_\_\_  
Verbal aggression \_\_\_\_\_  
Property destruction \_\_\_\_\_  
Is this child on a behavior plan? If so, please describe in detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other \_\_\_\_\_

\* **Strategies/Techniques**  
Motivating \_\_\_\_\_  
Increasing desired behavior \_\_\_\_\_  
Decreasing inappropriate behaviors \_\_\_\_\_

\* **Any Adaptive Equipment Used during the School Day** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* **Summer Goals** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use additional paper if necessary

\* **Is there a number to reach you at during the summer to discuss this camper if needed?**  
Phone Number: \_\_\_\_\_

Please Return to:

**The Arc of Essex County's Camp Hope Program  
123 Naylor Ave.  
Livingston, NJ 07039**