
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)

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* **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