

CNYASA Summer Camp 2011 Child Information Form

Name: _____	Likes to be called: _____	DOB: _____
Address: _____		
Parent #1: _____	Daytime Phone: _____	Cell: _____
Parent #2: _____	Daytime Phone: _____	Cell: _____
Email: _____		
School: _____		Grade: _____
Services Received: ___ Speech Therapy; ___ Occupational Therapy; ___ Physical Therapy; ___ 1:1 Aide/Assistant _____ hours;		
Other: _____		

Please share information about your child that will help us provide supports in the Summer Program.

How is your child likely to react to:

- Arts and crafts
- The pool/swimming
- Gym
- Downtime (unstructured time)
- Multiple Transitions
- Noisy Environments
- Open Spaces
- Outside group activities
- Field Trips and Bus Rides

What are your suggestions for supporting your child in novel or anxiety-producing situations?

What is the communication system used by your child?

___ Words ___ Signs ___ Choice Board ___ Spelling ___ PECS ___ Other:

Words or signs our staff should know:

Tell us about your child and how we can best support him/her regarding the following:

Areas of Skill/Concerns	Support Strategies
Sensory Sensitivities	
Fears and Anxieties	
Participation in Adult Structured Activities	
Social Interactions	
Changes in Routines	
Motor Challenges	
<p>Self-Help Skills</p> <ul style="list-style-type: none">• Eating (including preferences & limitations)• Allergies• Toileting• Dressing <p>Favorites:</p> <ul style="list-style-type: none">• Interests• Toys• Activities• Rewards	

What else should we know about your child?

Please include copies:

- _____ **Current IEP**
- _____ **Current Psychological/Educational Evaluation**
- _____ **Behavior Plan (if applicable)**

- _____ **Sample communication boards, social stories, visual schedules that are especially useful.**

Copies of these reports are for the sole use of the CNY ASA selection committee for the 2011 Summer Program and program site directors and teachers.

Teacher Information Release

Please provide your child's current Teacher information and permission for us to contact:

Teacher _____ Daytime phone: _____
Email: _____ Evening Phone _____

I _____ (parent) give my written permission for my child's teacher
_____ (teacher) to discuss information in regards to my child _____
for the purpose the CNY ASA Summer Camp program.

CNY ASA would like to accommodate all families interested in the Summer Program. However, please understand that space is limited and there is no guarantee that your child will be selected for the program. We will take into consideration each child's individual needs and abilities in making a determination and notify you in writing.

Due to staffing of the summer program it is required that your child be able to complete the entire 6 week session.

Completed by _____ Date _____

Completed information packets and documentation requested need to be provided to CNY ASA no later than ~~March 10, 2011~~ June 2, 2011.

CNY ASA
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