

## CAMP TONS-O-FUN Inclusion Procedure and Intake Form

Please return to: Enfield Recreation Division – 19 North Main Street – Enfield, CT 06082

Camper's Name: \_\_\_\_\_ Grade entering in September: \_\_\_\_\_

What session(s) of camp is your child signed up for? (Circle all that apply)

Session One	June 22 – 26	Session Five	July 20 – 24
Session Two	June 29 – July 2	Session Six	July 27 – 31
Session Three	July 6 – 10	Session Seven	August 3 – 7
Session Four	July 13 – 17		

We are excited that you have selected Tons-O-Fun day camp! We realize that for parents of children with special needs, there are a number of factors that need to be considered in order to ensure a safe and positive camp experience. Camp staff are committed to your child having the best possible experience too. Please be honest and straightforward, filling in all information that will help your child have a successful and fun summer. This form is to be completed by a parent or guardian, although you may want to discuss some of the questions (and your responses) with your child.

Some parents hesitate to provide camps with personal information about their child's behavior or past experience. Some fear the information may be used inappropriately, while others are concerned about their child being labeled or treated differently. All parents want to see their child have a fresh start at Camp. Camp Tons-O-Fun appreciates these concerns and ensures that this information is only shared when necessary and only at the discretion of the supervisory staff. Please know how invaluable such information can be in assisting us to help make your child's transition to camp as smooth and rewarding as possible.

### **What is inclusion in a day camp setting?**

Inclusion provides the opportunity for children with special needs to attend camp with their typically developing peers. Most day camps are not specifically for children with special needs.

### **Is Camp Tons-O-Fun a good fit for my child?**

Though our goal is to include all campers, if a child's needs are so great that they are not able to participate in meaningful ways, camp may not be a good fit for them.

- Campers should fit into the existing program's format including the camper/staff ratio of 10 to 1.
- Campers should be able to take care of their own personal needs (such as toileting) without assistance.
- Campers should be able to communicate their needs to program staff.
- Campers must be able to abide by the set program policy for conduct/behavior.

We will make every effort to work with parents/guardians and the participant to provide a positive experience however, if the program is found not to be a good fit for the participant, the Recreation Division reserves the right to suspend participation and will refund the participant for the remainder of the program minus the standard 10% processing fee. Withdrawal requests for all other reasons will follow the standard refund policy.

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**This form must be filled out and submitted at or before the time of registration. Please fill out the following questions as completely and accurately as possible. Please attach additional sheets if more space is needed.**

**1. What is the nature of your child's condition or special need?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is:    \_\_\_ High Functioning            \_\_\_ Moderate            \_\_\_ Low Functioning

**2. Will your child require any medication throughout the day while at camp?**    \_\_\_ YES            \_\_\_ NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**3. Does your child prefer group or solitary activities?**

**4. What is your child's approach to establishing relationships with other children (outgoing, shy, etc.)?**

**5. How does your child typically get along with adults?**

**6. How is your child at reading social cues? Is s/he able to read body language?**

**7. What does your child do when s/he is angry, frustrated or disappointed?**

**8. What does your child do when s/he is bored?**

**9. How does your child handle transitions?**

**10. What, if anything, is your child afraid of? How does s/he react to these things?**

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### 11. Please check off any of the following that apply to your child:

- Exhibits off-task behaviors, easily distracted, has a short attention span
- Makes inappropriate noises
- Excitable, impulsive, lacks self-control
- Restless, squirmy, high activity level
- Uses physical aggression
- Disturbs others, has difficulty with respecting others personal space
- Lacks patience/has outbursts
- Sudden or extreme mood changes, unpredictable behavior
- Social skills differ from peers
- Unable to share, dominates or controls the participation of others
- Unable to follow directions, written and/or verbal
- Takes things that belong to others
- Other (please describe)

Describe above answers and any additional information: \_\_\_\_\_

\_\_\_\_\_

### 12. In what situations do the behavior(s) of concern occur?

Location	Person(s)	Context
<input type="checkbox"/> In school	<input type="checkbox"/> With parents	<input type="checkbox"/> When in large groups
<input type="checkbox"/> At home	<input type="checkbox"/> With peers	<input type="checkbox"/> In small groups
<input type="checkbox"/> Extra-curricular activities	<input type="checkbox"/> With teachers	<input type="checkbox"/> When by him/herself
<input type="checkbox"/> In vehicles/school bus	<input type="checkbox"/> With siblings	<input type="checkbox"/> When in transition
<input type="checkbox"/> In the lunchroom	<input type="checkbox"/> Daycare providers	<input type="checkbox"/> In noisy environments
<input type="checkbox"/> On the playground	<input type="checkbox"/> Camp counselors	<input type="checkbox"/> During unstructured time
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

### 13. Are there other internal or external events that influence the behavior(s) of concern?

- Medication
- Physical health
- Over tiredness
- Dehydration/hunger
- Extreme heat or cold
- Being overwhelmed
- Obsessive thoughts/rituals
- Perceived unfairness
- Competitive activities
- Taking turns/sharing
- Waiting in line
- Conflict at home
- Negative peer influence
- Aggression from another child
- Change in anticipated schedule
- Not knowing the schedule for the day
- Lack of adult attention
- Lack of peer attention
- Attention focused on child
- Unavailability of desired object/activity
- \_\_\_\_\_

### 14. What strategies are helpful in supporting your child through challenging situations?

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**15. Please check off any of the following which apply to your child:**

- Requires use of a wheelchair or walker
- Has an assistive hearing device
- Talks very loudly or softly
- Does not respond when called
- Needs clarification and/or repetition of directions
- Has special eye care (ie: glasses or patch)
- Has difficulty with motor skills
- Falls easily, even out of seat
- Awkward body movements
- Other (please describe)

Describe above answers and any additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. Does your child have a Behavior Intervention Plan (BIP), 504 Plan or Individualized Education Program (IEP) at school? \_\_\_ YES \_\_\_ NO**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**17. Does your child require a Paraprofessional during the school year? \_\_\_YES \_\_\_NO**

RELEASE OF INFORMATION: I give permission for the Enfield Recreation Division and the Enfield Board of Education to share information regarding my child and his/her needs as related to his/her participation in the Tons-O-Fun Summer Camp.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please feel free to attach any additional information to this packet that you feel may be helpful to providing your child with a positive camp experience. You will be contacted by the Recreation Office to review your child's needs. Please provide a day time phone number and email address below.

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If you require assistance completing this form, please contact the Recreation Office.**