



## 2014 Camp Amicus Camper Application *Parent Questionnaire*

Please email your responses to [info@AmicusCircle.com](mailto:info@AmicusCircle.com), or send your application to Amicus Circle, 368 Bullet Hole Rd, Patterson, NY 12563.

Thank you!

Camper Name:  Date of Birth:

Parent Name:  Parent Email:

Address:

We want to do our best to ensure that Camp Amicus will be a great fit for your child; therefore, please be as open and honest as possible as you answer the following questions.

1. Has your child ever attended camp? If so, what was that experience like for your child?
2. What are his/her feelings about attending camp this summer?
3. What would make this camp experience a success for your child?
4. What are your child's favorite activities at home, at school and in the community?
5. What are your child's strengths?

6. Describe your child's typical mood and behavior (aside from normal fluctuations):

7. Please describe your child's relationship and interaction with peers:

8. Please describe your child's typical relationship with adults/authority figures:

9. What specific skills would you like to see your child strengthen?

10. What are your child's goals for Camp Amicus?

- What would he/she like to learn or strengthen?

11. What situations are particularly challenging for your child or trigger uncomfortable feelings for him/her?

12. What strategies have you found to be most effective for your child?

13. My child is sensitive to the following:

- Sound
- Light
- Particular textures/fabrics
- Foods

14. Please circle all that apply:

- Difficulties working independently
- Easily stressed
- Often worries
- Easily distracted
- Gets frustrated easily
- Acts impulsively

15. Does your child have a history of verbal or physical aggression, destructive or self-injurious behavior? If so, please describe the circumstances, frequency and how long it's been since you have last seen that behavior. What have been the most effective interventions?

16. How does your child react to changes and transitions in his/her environment and/or routine?

17. Please circle the services/supports that your child presently receives at school?

- Speech/Language Therapy
- Counseling
- Special Education/Non-Integrated Classroom
- 1:1 Aide
- Occupational Therapy
- Job Coaching
- Behavioral Support/Plan
- Other: \_\_\_\_\_

18. Does your child have any special health, hygiene or dietary needs (including allergies)?  
Please Circle: YES or NO

- If YES, please list specific allergies and needs:

19. What medications/vitamins/supplements does your child take? (No need to list doses at this time):

20. What is the MOST important thing that you would like us to know about your child?