



Christmount

222 Fern Way, Black Mountain, NC 28711
info@christmount.org • (828) 669-8977 • Fax (828) 669-6301

Week Assigned

Camp Lakey Gap Classroom Information Form

Please have the camper's teacher fill out this form so that we can see how they respond in a setting other than home. If the camper is home-schooled, please have someone fill out this form other than the person who filled out the "Camper Information Form."

_____ will be attending a week of residential camp at Camp Lakey Gap. Please provide us with details about your camper so that we can best serve them.

Please let us know who is filling out this form:

Name _____ Email _____

Home () _____ Cell () _____

How do you know the camper? _____

How long have you known the camper? _____

We use visual schedules with our campers daily. Even if your camper doesn't use these at school, they can be helpful in the new environment. Which type of schedule would work best with your camper?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Written | <input type="checkbox"/> Full day |
| <input type="checkbox"/> Line Drawing | <input type="checkbox"/> ½ day |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> 2-3 events at a time |
| <input type="checkbox"/> Object | <input type="checkbox"/> 1 event at a time |

Additional Information: _____

Communication

Expressive:

- Sentences
- Short phrases
- One word
- Signs
- Gestures
- Reads sentences
- Reads single words
- Pictures
- Objects

Receptive:

- Sentences
- Short Phrases
- One word
- Signs
- Gestures
- Writing
- Pictures
- Objects

Additional Information: _____

Level of supervision (Remember that camp is a new situation with new people)

Check only one:

	Functions independently in most settings
	Will be able to function in a situation with one counselor supervising two campers
	Needs one-to-one supervision throughout the day
	Needs more than one staff with him/her throughout the day or when agitated

Additional Information: _____

Reinforcement

Do you think that your camper will benefit from a reinforcement system at camp? What would work best?

- Edibles (food or drink)
- Tokens
- Music
- Stickers
- Particular object
- Preferred activity

How should we use them?

Behavior	Never	Seldom	Often	Comments
Injures self (i.e., bite, hit)				
Bangs head				
Injures others (i.e., bite, hit)				
Grabs others				
Throws things				
Runs away				
Inappropriate language				
Spits on others				
Strips own clothing				
Exposes self in public				
Masturbates inappropriately				

Additional Information

Yes	No		Comments
		Asks for help	
		Upset by routine changes	
		Upset by changes in environment	
		Upset by changes in staff	
		Does a warning of change help?	
		Transitional cue used	
		Communicates dislike	
		Communicates illness	
		Bothered by noise	
		Any particular fears?	

Miscellaneous

Camper's interests: _____

Camper's favorite activities: _____

Camper's strengths: _____

What about your camper makes you smile: _____

Goals for your camper while at camp: _____

Be sure to also fill out attached sheets!

<p>Mail or Fax to: Christmount Camp Lakey Gap 222 Fern Way Black Mountain, NC 28711 Fax: 828-669-6301</p>



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Indoor Activity Sheet

Please have the camper's teacher fill out this form so that we can see how they respond in a setting other than home. If the camper is home-schooled, please have someone fill out this form other than the person who filled out the "Camper Information Form." This will be given to the Arts and Crafts Director.

Camper Name _____ Grade level _____

Check activities your camper will enjoy and mark activities you would like your camper to try.

Educational Tasks

Sorting		Writing	
	Simple color sort		ABC s
	Advanced color sort		Name
	Simple object sorting		Fill in the blank
	Advanced object sorting		Write in a journal
	Alphabetizing letters		
Matching		Counting/Math	
	Alphabet matching		Counting objects
	Pattern matching		Counting money
	Object matching		Math problems (provide level)
	Picture matching		Telling time
Manipulatives		Reading	
	Put-in (block into slot)		
	Assembly (lids on cups)		One word
	Stuffing envelopes		2-3 word phrases
			Follow directions
			Read story and answer questions
If your camper's skills are different than the list provided please describe appropriate school related tasks we can provide before our art sessions.			

Additional Information: _____

Leisure Activities

- | | |
|---|--|
| <input type="checkbox"/> painting | <input type="checkbox"/> puzzles |
| <input type="checkbox"/> drawing | <input type="checkbox"/> crosswords |
| <input type="checkbox"/> making crafts | <input type="checkbox"/> writing letters |
| <input type="checkbox"/> listening to music | <input type="checkbox"/> word searches |
| <input type="checkbox"/> books | <input type="checkbox"/> playing musical instruments |
| <input type="checkbox"/> magazines | <input type="checkbox"/> board games |
| <input type="checkbox"/> watching videos | <input type="checkbox"/> card game |

What else does your camper enjoy doing inside: _____

What helps your camper become involved in these activities: _____



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Outdoor Activity Sheet

Please have the camper's teacher fill out this form so that we can see how they respond in a setting other than home. If the camper is home-schooled, please have someone fill out this form other than the person who filled out the "Camper Information Form." This will be given to the Outdoor Activities Director

Camper Name _____

Check activities your camper will enjoy and mark activities you would like your camper to try.

- | | |
|---|---|
| <input type="checkbox"/> ball sort | <input type="checkbox"/> trampoline |
| <input type="checkbox"/> ball toss | <input type="checkbox"/> walking |
| <input type="checkbox"/> basketball | <input type="checkbox"/> yoga |
| <input type="checkbox"/> soccer | <input type="checkbox"/> Duck-Duck Goose |
| <input type="checkbox"/> volleyball | <input type="checkbox"/> kickball |
| <input type="checkbox"/> t-ball | <input type="checkbox"/> Musical Chairs |
| <input type="checkbox"/> bowling | <input type="checkbox"/> parachute games |
| <input type="checkbox"/> kicking a ball | <input type="checkbox"/> relay races |
| <input type="checkbox"/> slip & slide | <input type="checkbox"/> aerobics |
| <input type="checkbox"/> swimming - free play | <input type="checkbox"/> canoeing |
| <input type="checkbox"/> water balloon toss | <input type="checkbox"/> building things |
| <input type="checkbox"/> water relays | <input type="checkbox"/> dancing |
| <input type="checkbox"/> golf cart rides | <input type="checkbox"/> bean bag toss |
| <input type="checkbox"/> scooter rides | <input type="checkbox"/> swinging |
| <input type="checkbox"/> wheelbarrow rides | <input type="checkbox"/> Frisbee |
| <input type="checkbox"/> bubbles | <input type="checkbox"/> scooters |
| <input type="checkbox"/> sensory activities (lights, textures, etc) | <input type="checkbox"/> horseshoes/ring toss |
| <input type="checkbox"/> balance activities (beam or balls) | <input type="checkbox"/> hopscotch |
| <input type="checkbox"/> hikes in woods | <input type="checkbox"/> playground |
| <input type="checkbox"/> creek play | <input type="checkbox"/> putt-putt |
| <input type="checkbox"/> canoeing | <input type="checkbox"/> singing |
| <input type="checkbox"/> stretching | |

What other activities does your camper enjoy outside for recreation: _____

What will help your camper enjoy these activities: _____

