

SCHOOL REPORT

This form is to be completed by the child's classroom or special education teacher. This report is for Elks Camp Grassick use only.

Identifying Information:

Name of Child: _____ Date of Birth: _____

Please define and describe this child's diagnosis, disability or special need:

Present School Attending: _____

Will the child attend this school next year? _____ If no, where will they attend? _____

Name/Title of Person Completing School Report: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Type of Classroom: _____ Grade: _____

Principal: _____ School's Telephone #: _____

Child's Teacher: _____ Home Telephone #: _____

Teacher's Email: _____

Personal Care Information:

1. Level of Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elks Camp Grassick
PO Box F, Dawson, ND 58428
701-327-4251
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Washing Hands

2. How would you describe the student's general hygiene and grooming skills?

3. Does this child wear an incontinence product at any time?

4. Does this child have any special dietary needs? If yes, please explain.

5. Is this child receiving any of the following services in school or in the community?

Speech/Language Therapy OT PT Reading Intervention Counseling Other

Social and Emotional Information:

1. Personal Traits: Please describe this child's maturity level, self-esteem and level of independence in the school environment.

2. Discipline: Are there any discipline or behavior management programs currently being used in the school that seem to work well with this child?

8. Relationship to Peers: How does this child relate to peers? What kind of relationships does the student have? Are they consistent with those of same age peers? Do they relate to children older or younger?

9. Does this child have any repetitive behaviors, stims or tics? If yes, please describe.

10. Does this child have any behaviors, periods of dysregulation, or physical outburst?
If yes, what sets off their behavior? Is there anything that escalates the behavior? What does the behavior look like? How long does a behavior typically last? How often does the child exhibit these behaviors? Is there anything that deescalated the behavior? What calms them down?

11. Are there any behavior plans or therapeutic practices that work with the child that we should continue at camp? If a behavior plan is in place, please attach.

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12. Please list a few interests or hobbies of this child.

13. How easily do you feel that this child could adjust to being away from home and in a camp environment?

14. How do you feel this child will adjust to living with 5-8 cabinmates?

15. At camp, there is a very full schedule of activities and lots of sensory input (activity, noise, changing weather, etc.). Do you believe this child is able to keep an active pace for the entire camp session? Do you feel that they will be able to self-regulate with all the external stimuli?

Please include any additional, pertinent information about this child that the Camp Grassick staff should be aware of.