PO Box F, Dawson, ND 58428

701-327-4251

campgrassick@gmail.com

SCHOOL REPORT

This form is to be completed by the child's classroom or special education teacher. This report is

for Elks Camp Grassick	•	ciassiooni oi specia.	education teach	ier. Tills report i
Identifying Informatio	<u>on:</u>			
Name of Child:	Date of Bi	rth:		
Please define and descri	be this child's diagn	osis, disability or sp	pecial need:	
Present School Attendin	ıg:			
Will the child attend thi	s school next year?	If no, where	will they attend	?
Name/Title of Person C	ompleting School R	eport:		
Address of School:				
City: State: Zip:				
Type of Classroom:				Grade:
Principal:		School's	Telephone #:	
Child's Teacher: Home Telephone #:				
Teacher's Email:				
Personal Care Informa				
1. Level of Supervi	ision Needed for Eac	eh:		
	Total Assist	Minimal Assist	Supervision	Independent
Eating				
Mobility				
Toileting				

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cami	ograss	sick@	gmail.	com

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pg	rassick@gmail.com				
	Washing Hands				
2.	How would you desc	cribe the student	's general hygiene	and grooming sk	tills?
3.	Does this child wear	an incontinence	e product at any tir	ne?	
4. Does this child have any special dietary needs? If yes, please explain.					
			_		•
<u>ial</u>	and Emotional Info	rmation:			
1.	Personal Traits: Pleas	se describe this	child's maturity le	vel, self-esteem a	nd level of
	independence in the	school environn	nent.		
	pg 2. 3. 4.	2. How would you described. Does this child wear 4. Does this child have 5. Is this child receiving peech/Language Therap al and Emotional Informational Informational Traits: Plea	Washing Hands How would you describe the students. Does this child wear an incontinence and the students. Does this child have any special diet and the students. Is this child receiving any of the followed peech/Language Therapy OT P All and Emotional Information: Personal Traits: Please describe this	Washing Hands	Washing Hands

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

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3.	Social: Is there a social curriculum that the child is receptive to? Is a reward system or consequence used?
4.	Motivation: What encourages this child to complete school work or change a behavior?
5.	Attitude Toward School: Does this child have any specific likes or dislikes? How is he/she affected by change of routine?
6.	Attention Span: What holds attention? Tips on redirection?
7.	Relationship to Authority Figures: How does this child respond to direction or rules? Is there anything that works well or does not work?

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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 c	hild
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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.