

Elks Camp Grassick
PO Box F, Dawson, ND 58428
701-327-4251
campgrassick@gmail.com

School Report

SCHOOL REPORT IDENTIFYING INFORMATION

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 Applicant: _____ Date of Birth: _____

Name/Title of Person Completing School Report: _____

Student's Teacher: (If different from person completing this report):

Email address of person completing this report and/or individual's teacher:

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

Present School Attending: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Type of Classroom: _____ Grade: _____

Principal: _____ School's Telephone #: _____

Will this student attend this school next year? _____

If no, where will they attend? _____

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This individual is receiving or could benefit from:

- ☐ Speech/Language Therapy ☐ Occupational Therapy ☐ Remedial Reading
- ☐ Behavior Intervention ☐ Working on independence with ADLs
- ☐ Help with Hygiene/Grooming ☐ General Camping Experience
- ☐ Practice in appropriate Social Skills and/or Social Emotional Learning

INFORMATION FROM CAMP

I would like to receive a copy of the acceptance or non-acceptance letter and pre-camp information: ☐ Yes ☐ No

If this individual is accepted, I would like to receive a copy of the report and follow up information after camp: ☐ Yes ☐ No

How would you like to receive information from camp?

- ☐ I would like to receive paper copies in the mail.
- ☐ I would like to receive digital copies by email.
- ☐ I would like to receive paper and digital copies.

INFORMATION ON ACTIVITIES OF DAILY LIVING

Activities of Daily Living:

Definitions:

Independent – Individual is able to complete the task with no assistance and little to no prompting.

Supervision – Individual is able to complete task with some prompting or reminders.

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Minimal Assistance – Individual needs frequent prompting, step by step instructions, and/or some physical assistance to complete the task.

Moderate Assistance – Individual needs physical assistance to complete the task.

Total Assistance – due to physical limitations or skill deficits, the individual is unable to complete the task and it must be done for them.

Please indicate the individual's level of independence in the school environment for each of the following areas.

	Independent	Supervision	Minimal Assistance	Moderate Assistance	Total Assistance
General Toileting					
Toileting after bowel movement					
General hygiene while at school such as keeping clothing tidy, wiping face after meals, etc.					
Hair grooming					
Mobility					
Washing Hands					
Serving themselves food					
Pouring beverages					
Cutting food					
Feeding themselves					

Any additional information about this individual's independence level that would be helpful to caregivers:

How does this individual communicate?

- ☐ verbal ☐ non-verbal ☐ vocalizes ☐ communication device ☐ sign
☐ eye gaze ☐ responds to choices ☐ gesture ☐ leading adult to desired item/activity

Comments about this individual's communication:

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SOCIAL STUDY

Please indicate this individual's level for each category as compared to typical individuals of comparable age.

	In the School Environment		
	Below Average	Average for Age	Above Average
Maturity			
Self Esteem			
Independence			
Necessary supervision			
Relating to others			

If you indicated that this individual was below average in any category, please describe.

Please list a few interests or hobbies of this individual.

Has this individual ever attended a summer camp before? ☐ Yes ☐ No

☐ Has attended Elks Camp Grassick ☐ Has attended _____

How do you feel that this individual would adjust to being away from home and in a camp environment?

SOCIAL STUDY CONTINUED

How do you feel this individual will adjust to living with 5-8 cabinmates?

At camp, there is a very full schedule of activities. Do you believe this individual is able to keep an active pace for the entire camp session?

BEHAVIOR STUDY

Please describe this individual's behavioral baseline. (HRE – when they are happy, relaxed, and engaged with their environment) What does their baseline look and sound like?

What percent of the day is this individual at baseline?

Does this individual exhibit any unexpected behaviors (discipline problems, periods of dysregulation or responsiveness to consequences) in his/her school environment? If yes, please explain.

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Does this individual have any repetitive behaviors, stims or tics? If yes, please describe. What do they look and sound like?

What is the frequency of repetitive behaviors, stims, or tics? Are they triggered by anything? Are they escalated by anything? Are they deescalated by anything?

Please check the behaviors that this individual exhibits when dysregulated. Note: Please be honest. These behaviors do not automatically disqualify an applicant, and these questions help us to better serve our campers.

- ☐ Aggressive physical behaviors such as hitting, kicking, biting, pushing, etc.
- ☐ Screaming/yelling ☐ Elopement ☐ Self-Harm ☐ Disrobing
- ☐ Lying/manipulation ☐ Tactile Defensiveness or Sensory Dysregulation
- ☐ Frequent expressions of dissatisfaction and/or whining ☐ Refusal

For each behavior that you selected in the last question, please describe: What triggers the behavior? What escalates the behavior? What deescalates the behavior? What does the behavior look and sound like? How frequently does the behavior occur? How long does the behavior typically last?

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

Is there a social curriculum that the student is receptive to? Is a reward system or consequence used?

Motivation: What encourages this student to complete school work or change their behavior?

Attitude Toward School: Does this student have any specific likes or dislikes? How is he/she affected by change of routine?

Attention Span: What holds attention? Tips on redirection?

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Relationship to Authority Figures: How does this student respond to direction or rules? Is there anything that works well or does not work?

Relationship to Peers: How does this student 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?

Considering the camp schedule, number of other campers, different environment, and amount of sensory input (activity, noise, changing weather, etc.), do you feel that this individual will be able to self-regulate?

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

READING REPORT

To be completed if this individual could benefit from reading intervention while at camp.

Please note: Although most children would benefit from some type of reading instruction while at Camp Grassick, only so many are selected to receive individual help in reading because of the number of instructors that we have available. Even if this child is not selected to receive individual reading instruction, they will still benefit from reading activities promoted within their cabin and cabin group.

READING INSTRUCTOR INFORMATION

Please complete this portion if the reading instructor is different from the person who filled out the school report.

Name of Reading Instructor: _____

Reading Instructor's Email: _____

If this individual is accepted, I would like to receive a copy of the report and follow up information after camp: ☐ Yes ☐ No

How would you like to receive information from camp?

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READING INTERVENTION INFORMATION

Present Reading Level (or BAS level): _____

Does this child receive special reading instruction or reading intervention? ☐ Yes ☐ No

If so, how many times a week? _____ For what length of time? _____

READING INTERVENTION INFORMATION CONTINUED

What is the present reading program or series being used with this individual?

Reading Interventions: Please check if the student needs support in any of these areas:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Phonics/Phonemics | <input type="checkbox"/> Fluency | <input type="checkbox"/> Letter or Word Recognition |
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Other _____ |

Please describe the student's reading abilities and what the student is working on to improve his or her skills.

Please describe or give specific areas/skills you would like this student to work on over the summer if selected to receive individual reading instructions while at camp.