



**MERRIMACK PARKS & RECREATION**  
116 Naticook Road, Merrimack, NH 03054  
603-882-1046



**NATICOOK DAY CAMP  
SPECIAL NEEDS QUESTIONNAIRE  
2021**

Dear Parents,

Each year, the Parks & Recreation Department hires a limited number of 1:1 Aides to work at Naticook Summer Day Camp and provide support for those children who require additional assistance in order to have a successful experience at Camp.

While we are not a Special Needs Camp, the Town will be hiring two (2) staff members this summer to work as 1:1 Aides at Naticook Day Camp. If your child has an I.E.P and needs extra assistance to participate in camp; we can work to try and incorporate the goals of your child's I.E.P. into the daily Camp program.

Any family who requests to have an Aide with their child at Camp will need to first complete a Special Needs Questionnaire. The purpose of this questionnaire is to provide the best summer experience for your child. This information will be given to our Camp Director who with assistance from the parks and recreation's department professional staff, will be the only people reviewing this information. The Camp Director will provide only the necessary details to the Staff that will be working with your child. By providing honest input concerning your camper's emotional, physical, and social needs you will help us ensure that your child has the best summer ever! Please be candid and additional sheets if necessary.

Note: If your child has been violent or has been actively restrained at school or at a different summer camp, we ask that you provide that information and be honest. Again, the safety of your child, other campers and our staff is in our best interest. If we feel that your child will not be successful at Naticook Day Camp, we will provide you some recommendations of other programs where they might be more successful.

Children who require a 1:1 Aide will be accepted on a first come first serve basis and so you are encouraged to register early. After we receive your completed questionnaire we will confirm whether we have an Aide available for your child.

If you have any questions, comments or concerns please feel free to contact the Parks & Recreation Department at 603-882-1046 or by emailing Program Coordinator James Golisano at [jgolisano@merrimacknh.gov](mailto:jgolisano@merrimacknh.gov).

Sincerely,

James Golisano, M.Ed.  
Recreation Program Coordinator



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[jgolisano@merrimacknh.gov](mailto:jgolisano@merrimacknh.gov)



**NATICOOK DAY CAMP  
SPECIAL NEEDS QUESTIONNAIRE**

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: F\_\_ M\_\_

Current Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

**HELP US GET TO KNOW YOUR CHILD BETTER**

**AIDE ASSISTANCE:**

Is the School District funding summer camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have an Aide (1-1, 1-2 or Floater) during the school year? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have an aide during school for academic purposes only? Yes \_\_\_\_\_ No \_\_\_\_\_

If the camper needs more than academic assistance and would benefit from extra support at camp, what would your camper need? One-to-One \_\_\_\_\_ or One-to-Two \_\_\_\_\_ or Floater \_\_\_\_\_

1. Please explain why an Aide is needed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are some of your child's likes and interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Briefly describe your child's personality (quiet, outgoing, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are some things your child is looking forward to at camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has your child attended Summer Camp before? If so, how was their experience? Did they have any difficulty participating in the program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information that will enable us to better serve your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION:**

How does the camper communicate? Verbally \_\_\_\_\_ Sign Language \_\_\_\_\_ Gestures \_\_\_\_\_ Eye Gaze \_\_\_\_\_

Please explain other ways your child communicates: \_\_\_\_\_  
\_\_\_\_\_

**BEHAVIORS:**

Does the camper exhibit behaviors that require intervention? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the camper hit, bite, scratch, or act out physically at any time towards others or self? Please describe those behaviors, circumstances, and frequency. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What behavior management techniques work best with your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DRESSING:**

Does the camper require assistance with dressing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify level of assistance needed:

Verbal Prompts \_\_\_\_\_ Minor Physical Help \_\_\_\_\_ Total assistance \_\_\_\_\_

**EATING:**

Does the camper require assistance with eating? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify level of assistance (check all that apply):

Verbal Prompts \_\_\_\_ Requires food to be cut, chopped or pureed \_\_\_\_\_ Liquids only \_\_\_\_\_  
Needs to be fed \_\_\_\_, Uses adaptive plate, utensils or cup \_\_\_\_\_

Please list any other areas of assistance: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL HYGIENE:**

Does the camper require assistance with personal hygiene tasks? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify level of assistance needed (check all that apply):

- \_\_\_\_ needs verbal prompts for washing
- \_\_\_\_ needs verbal prompts for toileting
- \_\_\_\_ needs hand over hand guidance for washing
- \_\_\_\_ needs hand over hand guidance for toileting
- \_\_\_\_ uses adaptive equipment, please explain \_\_\_\_\_
- \_\_\_\_ needs total assistance, please explain \_\_\_\_\_

**MOBILITY:**

Does the camper walk - unaided \_\_\_\_, with crutches \_\_\_\_, with braces \_\_\_\_, with walker \_\_\_\_\_

Does camper use a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what level of support is needed? \_\_\_\_\_

**SEIZURES:**

Does the camper have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

Type of Seizure: \_\_\_\_\_

Duration \_\_\_\_\_

Frequency \_\_\_\_\_

Date of Last Seizure \_\_\_\_\_

Medication Yes \_\_\_ No \_\_\_, if yes list under camper medical form

### IEP Snapshot

Instead of providing your child's entire IEP documents, we ask that you complete the following information based on what is written in your child's current IEP. This information will give us a better understanding about your child's needs.

Camper's Name: \_\_\_\_\_

IEP Start Date \_\_\_ / \_\_\_ / \_\_\_\_\_

IEP End Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Reeval Date \_\_\_ / \_\_\_ / \_\_\_\_\_

ESL/LEP Yes \_\_\_ No \_\_\_\_\_

Native Language: \_\_\_\_\_

Placement: \_\_\_\_\_

Additional Services

OT PT SP C

Primary Disability: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_

Tertiary Disability: \_\_\_\_\_

Transportation Yes \_\_\_ No \_\_\_\_\_

Seizures Yes \_\_\_ No \_\_\_\_\_

Glasses Yes \_\_\_ No \_\_\_\_\_

TSS / MT / BSC / Aide

#### GOALS / OBJECTIVES

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Behavioral Needs: \_\_\_\_\_

Accommodations: \_\_\_\_\_

May we have permission to speak to your child's teachers and staff at their school? Yes \_\_\_ No \_\_\_

#### CONTACT INFORMATION

Please provide your contact information in case we have any questions about any of the information that you have provided?

Parent / Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_