

Stillwood Camp 2017 Beyond Boundaries New Camper

Camper's Name: _____ Age: _____ Camp Attending: _____

Parent/Guardian Name(s): _____

What is your child's greatest challenge? _____

What does your child like? _____

What are your child's dislikes? _____

What are some of your child's strong qualities? _____

Is your child underdeveloped in any aspects (motor-skills, verbal, social, etc.)? _____

Does your child have a perseveration?

Perseverations are highly repetitive things that the camper/youth does to bring him/her a sense of inner peace. Usually these things are enjoyable to the individual, but look boring to the rest of us. They can be loud and intrusive or hardly noticeable. If so, please list here:

What are potential triggers to cause overstimulation? _____

What are some calming techniques? _____

Does your child have any dietary needs/restrictions? Trouble eating in loud places? _____

Describe a likely compatible counsellor: (i.e. quieter, outgoing, silly, firm): _____

Please check Yes or No - (We can expand on these during our follow up phone call if necessary)

- | | | |
|--|------------------------------|-----------------------------|
| Is your child able to tie shoes, shower, and eat up to the ability of their age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they known to run? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do they need headphones for loud scenarios? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do they need a safe spot or calming area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nightly campfire snack is cookies/s'mores, will this cause sleeping issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they known to be violent? Aggressive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have a BI or EA/SEA at school or at home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

We will also need you to send us a picture of your child (straight head shot from the last 2 months). Please attach the photo with your completed Questionnaire.

Parent Signature _____

*** If you have any other helpful information, please add below:**
