

Stillwood Camp 2017 Beyond Boundaries Returning Camper

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

Parent/Guardian Name(s): _____

What areas of growth have you noticed in your child this year? (motor-skills, verbal, social, etc.?)

What does your child likes/dislikes? _____

What is your child's morning and bedtime routine? _____

Does your child have a perseveration?

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 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:**
