CENTER for COMMUNITY ARTS

Student Support Questionnaire

Please fill this out if you anticipate that your child may need additional support during camp.

Camper's Name: _____ Date: _____

Parent/Guardian Name: _____ Phone Number: _____

Please share behavior or areas of concern that would be beneficial for our team to know. Include any additional support that you anticipate that your child may need from the Camp Community Arts team.

What strategies or methods do you use at home or at school in order to help your child be successful? Please include strategies used when your child is excited, upset, and emotional, etc. Also list some of your child's interests and hobbies.

Tell us about anything that we should anticipate that makes your child feel anxious, upset, or dysregulated, ie. How does your child do in big groups? How does your child handle drop off?

What activities does your child enjoy?

What is the primary language spoken at home? Does your child speak any other languages?

Whenever possible, Camp Community Arts supports typically developing children as well as children with identified and non-identified disabilities. Please let us know if you anticipate that your child will need additional support during camp. In order to provide the best camp experience for your child, please tell us more about your child's needs. Your information will remain confidential.

Does your child have an IEP?

- ☐ Yes
- ☐ No

Does your child have an aide?

- ☐ Yes
- ☐ No