



Camper Questionnaire Cover Page

Child's Name: _____

This Camper Questionnaire is designed to help us prepare to serve your child by learning as much as possible about him/her prior to the start of camp. The information provided will be used to develop an individualized therapy plan and lesson plans to focus on your child's needs. We need you to:

- Submit all information and any remaining payment in one packet by May 30, 2014. Children without complete packets may lose their slot.
- Keep a copy** for your records. Every year, at least one packet is lost in the mail.
- If you have IEP meetings or evaluations scheduled **after** this paperwork is due, please note the meeting date on this page, gather all other information, and submit the information you have in this package by May 30. After May 30, **do not mail** information, but bring it to open house.
- Don't forget:** Important Dates are listed on website.
- Have questions? Please contact Ellen Holloway, ellenholloway@speechgarden.org

Please check each item that is in this package (if applicable). Bold items are required for all children (whether currently in SLP services or not).

In addition, starred items are required for children currently enrolled in SLP services.

- | | |
|---|---|
| <input type="checkbox"/> Camp Registration Form
<input type="checkbox"/> Balance of payment (if applicable)
ck # _____ \$ _____
<input type="checkbox"/> 2014 Camp Health Form
<input type="checkbox"/> Teacher Questionnaire (required for children in preschool / school).
<input type="checkbox"/> Speech-Language Evaluation*
<input type="checkbox"/> SLP Therapy plan / IEP* | <input type="checkbox"/> Most recent SLP Progress notes*
<input type="checkbox"/> SLP Questionnaire*
<input type="checkbox"/> All evaluations from past year (list):

_____ |
|---|---|

Mail packet to: **The Speech Garden Institute, INC.**
Camper Questionnaire
1235-E East Blvd. #140
Charlotte, NC 28203

-Or- clearly label and drop off at:

Dilworth Packages, Kenilworth Commons Shopping Center (near Harris Teeter) on East Blvd.

Do not drop off at the church; no electronic submission- hard copies only, please.

Thank you so much for your time and thoughtful responses.



Camper Questionnaire

Contact Information:				
	Child's First Name	Child's Last Name	Date of Birth	
	Parent / Guardian 1 First Name	Mother's Last Name		
	Parent / Guardian 2 First Name	Father's Last Name		
	Child's Street Address			
	City	State	Zip	
	Primary Phone (day)	Secondary Phone (eve)	Mobile Phone 1	Mobile Phone 2
	Email address(s)			
(Pre) School or MMO / Grade	Teacher	Phone		

Please indicate any evaluations that your child has received by listing the month / year of the test date in the blank.

Attach copies of each that are current within two years.

Speech-Language _____ Physical Therapy _____ Occupational Therapy _____ Psychological _____ Watkins Center CDSA _____	TEACH _____ Sleep _____ Behavioral _____ Educational _____ Other _____
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Consent to Exchange Information

In addition to requesting copies of diagnostic reports, evaluations, and progress notes, we are requesting permission to personally contact each current therapist in the weeks prior to camp *only if additional information is needed*. Please sign below giving *The Speech Garden* staff permission to exchange information with the therapist(s) listed below.

I give *The Speech Garden Institute* staff, volunteers and interns permission to exchange information via phone, fax, mail, or in person about the diagnosis and treatment of _____ (child's name) prior to camp with the person(s) listed below. This permission will expire on October 1, 2014.

 (Parent / Guardian Signature) Date

Therapist	Type of Therapy	Frequency	Name of Therapist / Phone	
	1.			
	2.			
	3.			
				Comments

Camper Goal Development

What do you hope for your child to gain by attending *The Speech Garden's* Summer Camp?

Please list two realistic goals that you would like for your child to work on while at camp, using the following formula: Given (help/assistance type) (child's name) will (verb) (specific, countable action).
 Ex: Given a model, Sarah will use 3+ verbs daily. Given one repetition, John will follow a two-step direction without repetition. You may ask your SLP or teacher to help you think of appropriate goals.

1)

2)



Camper's Personal Interests

Please list your child's favorite interests / hobbies. List N/A if not applicable.

Favorite:

Book: _____

Activity: _____

Food: _____

Toy: _____

Snack: _____

Music: _____

Drink: _____

Game: _____

Cartoon: _____

Sport: _____

Animal: _____

Friend: _____

Subject: _____

Pets: _____

Have there ever been attention concerns? How well does your child demonstrate sustained attention to a non-chosen (i.e., teacher-led) task? What comments have you been given by teachers and other professionals about attention?

Please describe any special / unique behaviors that your child may have. For example, what are warning signs of frustration / over stimulation / tiredness, etc? What techniques have you found useful in these situations (i.e., what works)? What motivates your child?

How does your child relate to peers?

Is there anything else you would like us to know about your child?



2014 Camp Health Form

*This is a required form for all children. An examination by a physician is not required.

Name: _____ Date of Birth: _____

Age: _____ Gender (circle one): Male Female

Emergency Contact Information

Parent / Guardian: _____

Home Phone: _____

Home Address: _____

City/State/Zip: _____

Parent 1 Contact:

Phone _____ Pager _____ Cell _____

Parent 2 Contact:

Phone _____ Pager _____ Cell _____

If parent/guardian is not available in an emergency, notify:

Name: _____ Relationship _____

Home Phone: _____

Home Address: _____

City/State/Zip: _____

Phone _____ Pager _____ Cell _____

Health History

Has your child had or currently have:

Yes No

- Allergies to food (explain below)
- Allergies to medications (explain)
- Chronic reoccurring conditions
- Asthma
- Diabetes
- Headaches
- Eating disorder (explain)
- Operations
- Serious injuries
- Emotional/Psychological concerns
- ADD / ADHD
- Vegetarian
- Currently on medication (explain)

Explain any "yes" responses:

Immunization History

Physician Name: _____

Group Name: _____ Phone: _____

Please complete the below chart **or** attach a copy of immunization card.

Immunization (if applicable)	Date
DTP (Diphtheria, Tetanus, Pertussis)	_____
TD (Tetanus Booster)	_____
IVP/OPV (Polio)	_____
MMR (Mumps, Measles, Rubella)	_____
Hep B (Hepatitis B)	_____
Hib (Haemophilus Influenza B)	_____
Lyme Disease	_____

Has the participant had:

Yes No

- Measles
- German Measles
- Hepatitis
- Chicken Pox
- Mumps

Insurance Carrier	Policy Number	Contact Number

Authorization: This camp form has been completed and is correct to the best of my knowledge. My child has permission to engage in all camp activities except as noted on this form. I also agree to notify the camp in writing of any health related changes which may occur between the date of this form and the duration of camp.

Authorization for Treatment: I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the camp to secure and administer treatment including hospitalization for the person named above and I will be responsible for any and all charges related to such care. I understand that information about my child's health will be shared on a "need to know" basis with camp staff.

Parent/Guardian Signature: _____ **Date:** _____



Release from Liability / Disclosure Statements

Please read, sign, and return with your Background Questionnaire and Health Form by May 30, 2014. A copy of this page is included for your records in the Parent Handbook.

I release *The Speech Garden Institute, INC.* and any / all officers, directors, agents, and third-party facilities from claims, demands, or liability of and from damage arising from the participation of my child in any classes, programs, and therapy sponsored by *The Speech Garden Institute, INC.*. Further, I acknowledge that *The Speech Garden Institute, INC.* makes no guarantee or warranty regarding improvement in speech-language skills and abilities.

I understand that speech-language therapy offered by *The Speech Garden Institute, INC* is solely intended to be supplemental in nature and is not intended to replace traditional, longer-term speech-language therapy. Despite other needs that my child may have, only speech-language therapy will be offered (occupational and/or physical therapy is not available).

To the best of my knowledge, my child does not physically present harm to him/herself or others. I have disclosed any and all relevant medical information (including allergies) on the attached "Background Questionnaire". I give *The Speech Garden Institute, INC.* the right to deny my child acceptance to the summer camp if the director determines at any time that my child is not appropriate on the basis of medical, behavioral, or severity of primary or secondary diagnosis.

I have fully completed the attached the "Background Questionnaire" and provided copies of previous and current diagnostic reports and treatment plans. I give permission for the staff and volunteers of *The Speech Garden Institute, INC* to receive and release information to the agencies listed on the attached "Permission to Release Information" if staff deems necessary.

Staff consists of volunteers and paid, trained, professionals who specialize in language development. Staff may consist of: speech language pathologists, resource teachers, exceptional children's teachers, undergraduate and graduate college interns, parents and other volunteers. Speech-language pathology services will be provided only by fully licensed speech-language pathologists and / or interns supervised by licensed speech-language pathologists as directed by The North Carolina Board of Examiners for Speech-Language Pathologists, North Carolina state law, The American-Speech-Hearing Language Association (ASHA), and each student's university's guidelines. Staff members who are not certified speech-language pathologists or supervised graduate interns will assist with therapy by providing student supervision, structure, modeling of language and behaviors, teaching academic lessons, and direct and indirect language and literacy instruction. The lead classroom teacher may be a speech-language pathologist, resource teacher, certified teacher of early childhood, certified elementary teacher or other highly trained professional.

I understand that no accident or medical insurance is provided as part of this summer camp. I hereby give permission to *The Speech Garden Institute, INC.'s* camp director to order X-rays, routine medical tests, medical treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child or me in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child. I will be responsible for all charges related to such treatment.

I realize that I am responsible for required payment of this camp program, and that insurance billing is not provided by *The Speech Garden Institute, INC.*

I give permission to *The Speech Garden Institute, INC.*, without limitation or obligation, to take and use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting *The Speech Garden Institute, INC* programs and release *The Speech Garden Institute, INC* from any claim or liability to that use.

I have fully read and agree to all above stated policies.

Child's Name

Date of Birth

Parent / Guardian Signature

Date



Teacher Questionnaire

Dear Teacher,

_____ has been enrolled in *The Speech Garden's* Summer Camp to assist with development and carry-over of communication skills this summer. In order to develop the most accurate and specific therapy plan and activities, we need your help! I know that you are extremely busy, especially at this time of year. Please take a few minutes to complete this Teacher Questionnaire, *being as specific and detailed as possible*. The estimated time of completion is 15 minutes. Feel free to attach additional pages if more space is needed.

The parent / guardian is also required to submit copies of diagnostic evaluations, therapy plans, and progress reports. If they do not have a copy, they will be asking you for another copy. If you have any questions or would like additional information, please visit www.speechgarden.org or contact me at 704-609-8255. Thank you so much for your time and thoughtful responses!

Very truly yours,

Ellen E. Holloway, M.A., CCC-SLP
Speech Language Pathologist

Please complete fully. **Keep a copy for your records and return the original to the parents.**

Your name: _____ Title: _____

School: _____ Type of class: _____

Your email address: _____

Date: _____ Contact #: _____

Please describe, in as much detail as possible, any behaviors that interfere with learning:

How does the child relate to peers?

How does the child's demonstration of attention to sustained teacher-led activities relate to other his/her age? What is the impact of attention on academics? Any concerns of ADHD/ADD? To what degree?

Have there been concerns of autism or Asperger's? Other syndromes suspected?

What special services does the child receive from school?

Other information:



To be completed by the child's teacher. Please complete fully. Child's Name: _____
 Use: N/A to indicate 'not applicable' and DNK to indicate 'do not know'.

	Developmental Area	Please check only one.					Please describe strengths/ weaknesses for each developmental area.
		Not delayed		Delayed			
		Superior	average	Mild	Mod	Severe	
Speech	Oral Motor (drooling, mouthing, ect.)						
	Articulation (Pronunciation)						
Language	Social Skills (interaction with others)						
	Receptive (understanding)						
	Expressive (ability to communicate thoughts)						
Academic	Pre-academic (color, numbers, counting, etc.)						
	Pre-math (counting, # ID)						
	Basic concept (Opposites, Positions)						
	Reading - Decoding						
	Listening – Comprehension (answering questions about a story)						
	Retelling a story w/ details						
	Writing						
	Decoding skills						
Self-Help	Toileting						
	Dressing						
	Feeding						
Motor	Fine						
	Gross						



SLP Questionnaire

Dear Speech-Language Pathologist,

_____ has been enrolled in *The Speech Garden's* Summer Camp to assist with development and carry-over of communication skills this summer. In order to develop the most accurate and specific therapy plan and activities, we need your help! I know that you are extremely busy, especially at this time of year. Please take a few minutes to complete the attached Speech-Language Questionnaire. The estimated time of completion is 15 minutes. The parents are also required to submit copies of diagnostic evaluations, therapy plans, and progress reports. If they do not have a copy, they will be asking you for another copy.

The camp is designed to provide supplemental speech-language therapy in a fun environment using SLP volunteers and college interns. Group therapy and individualized therapy will focus on using movement, music, and literacy to provide language development. Due to the short duration of the camp, it is important that we have the most recent and accurate information regarding current level of performance, goals, and therapy type. Our goal is to provide services that compliment yours!

If you have any questions, would like a brochure, or more information on our camp or year-round therapy and caregiver classes, please visit www.speechgarden.org or contact me at 704-609-8255. Please check out our volunteer opportunities for SLPs and help us help our community. Thank you so much for your time and thoughtful responses!

Very truly yours,
Ellen E. Holloway, M.A., CCC-SLP

Please complete fully. **Keep a copy for your records and return the original to the parent.**

Your name: _____ Facility/School: _____

Group or Individual Therapy: _____ Frequency: _____

Your email address: _____

Date: _____ Contact #: _____

Please list the child's strengths:

Please list the child's weaknesses / areas of need:

Month / Year of last evaluation: _____ (attach copy)

Therapy techniques / type of therapy:

Please describe any concerns of autism/Asperger's, ADHD, or other syndromes.

Please list anything that interferes with learning (i.e., behavior, attention, etc.).

Other useful information not contained in attached information (add pages if needed):



To be completed by the child's speech-language pathologist. Child's Name: _____

Use: N/A to indicate 'not applicable' and DNK to indicate 'do not know'.

	Developmental Area	Please check only one.					Current therapy goal? (Y/N)	Current level of functioning / Goals:
		Not delayed		Delayed				
		Superior	WNL	Mild	Mod	Severe		
Speech	Oral Motor							
	Articulation							(List specific sounds currently addressed and positions within words).
Language	Social Skills							How does child relate to peers? Work in groups?
	Receptive							
	Expressive							
	Other: _____							

Please list two detailed, measurable goals that you consider reasonable for the summer camp (3 - 4 weeks of part-time classroom-based therapy).

- 1)
- 2)

Thank you for your thoughtful responses! We look forward to helping your student meet his/her goals!