



### STRENGTHS & CHALLENGES FORM

Please fill out this form with information about your child that will help our Staff provide the best quality day camp experience for children with different strengths and challenges.

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Unit #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email:

IEP:	YES	NO	ISAP:	YES	NO	Paraprofessional AIDE:	YES	NO
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Diagnosis: \_\_\_\_\_  
(If Any)

Medications: \_\_\_\_\_  
(If Any)

STRENGTHS	CHALLENGES	RECOMMENDATION	PLAN of ACTION

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