Intake Form for Silver Lake Autism Camp

We are excited that you are interested in the ASD camps at Silver Lake! We realize that for parents of children with autism there are a number of factors that need to be considered in order to ensure a safe and positive camp experience. Camp staff is committed to your child having the best possible experience too. Please be honest and straightforward, filling in all information that will help your child have a successful and fun camp experience. This form is to be completed by a parent or guardian, although you may want to discuss some of the questions (and your responses) with your child.

Some parents hesitate to provide personal information about their child's behaviour or past experience. Some fear the information may be used inappropriately, while others are concerned about their child being treated differently. All parents want to see their child have a fun and safe experience at camp. Our Silver Lake Staff appreciates these concerns and ensures that this information is only shared when necessary and only at the discretion of the supervisory staff. Please know how invaluable such information can be in assisting us to help make your child's time at camp as smooth and rewarding as possible.

Please note:

- Campers must be able to take care of their own personal needs (such as toileting) without assistance.
- Campers must be able to communicate their needs to the best of their ability to the staff.
- Campers must be able to abide by the set program policy for conduct/behaviour.
- As Silver Lake is a wilderness setting campers need to be aware of and abide by the safety rules. These include but are not limited to use of the waterfront area and equipment, and staying within the boundaries of camp.
- Campers should be aware that there is no access to technology while at camp due to the remote location. If your child uses technology as a selfregulating tool please ensure that there are other tools/activities that they will be able to rely on for self-regulation.

We appreciate your taking the time to answer the following questions as completely and accurately as possible. Please feel free to use the back of this form if additional space is needed.				
1. What session(s) of camp ae you interested in for your child?				
Camp #				
2. Has your child spent the night away from home before? Yes / No				
Were they with: Parents / Family Member / Friends				
Was this a successful experience? Yes / No				
3. What do you see as your child's strengths?				
4. What is the nature of your child's condition or special need? (Diagnosis if any.)				
7. What is the nature of your clinia's condition of special need. (Diagnosis if any.)				
5. What are your child's interests?				
6. Does your child prefer group or solitary activities?				

7. What is your child's approach to establishing relationships with other children

(outgoing, shy, etc)?

8. How does your child usually get along with adults?			
9. How is your child at reading social cues? Is s/he able to read body language?			
10. What does your child do when s/he is angry, frustrated or disappointed?			
11. Has your child ever acted aggressively toward others? What did this look like?			
12. What does your child do when s/he is bored?			
13. How does your child handle transitions?			
If your child does struggle with transitions, is there anything that is helpful to make transitions easier for them?			
14. Does your child have any specific fears? How does s/he react to these things?			
15. Describe any behaviour concerns your child may have:			
Do these behaviours occur:			
Υ In large groups Υ In small groups Υ When by him/herself			

	Υ When in transition	In noisy environments
	Y During unstructured time	Υ Other:
	re there other internal or extern	al events that influence the behaviour(s) of concern?
•	Υ Physical health	
•	Y Over tiredness	
•	Υ Dehydration/hunger	
•	Y Pairs assemble of	
•	Υ Being overwhelmedΥ Obsessive thoughts/rituals	
•	Y Perceived unfairness	
•	Υ Competitive activities	
•	Υ Taking turns/sharing	
•	Υ Waiting in line	
Υ Nega Υ Agg Υ Chai	nflict at home gative peer influence gression from another child unge in anticipated schedule knowing the schedule for the o	day
Υ Lacl	k of adult attention	
Y Lack	k of peer attention	
	ention focused on child	
Y Una	availability of desired object/ac	tivity
Υ		

17. What strategies are helpful in supporting your child through challenging situations? (Tools your child uses for self-regulation, or tools you use to help your child self regulate.)

18. Describe what special accommodations, if any, your child would benefit from while at camp:				