

SOCIAL THINKING SUMMER CAMP REGISTRATION QUESTIONNAIRE

Camper Name: _____ Session(s): _____

Thank you for your registration in the Providence Social Thinking Summer Camp. We look forward to meeting you and your child. We appreciate your time in answering the following questions so that we can be as helpful to your child as possible. The more knowledge we have about your child, the more successful we believe his/her camp experience will be. Please mail this completed questionnaire with your registration form to Social Thinking Summer Camp.

We are aware that children with social challenges show a wide variety of unexpected behaviors. However, children who repeatedly refuse to follow directions even when given alternative choices, or who become physically aggressive or verbally threatening are at high risk of violating our safety policy or failing to meet our basic behavioral expectations. Frequently, children who show problematic behaviors at school or in unstructured play with peers do very well in our highly structured and supervised setting.

Please complete the table and questions below.

<i>Behavior</i>	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>	<i>Comments</i>
Aggression				
Crying				
Cursing				
Displays unusual behavior				
Fighting				
Homesickness				
Jealousy				
Lying				
Nervousness				
Poor eye contact				
Refusing to follow directions				
Runs Away				
Selfishness				
Self Injures				
Short attention span				
Showing off				
Shyness				
Spitting				
Stealing				
Temper tantrums				
"Video Talk" (Scripting)				
Wandering off				
Withdrawing				

Please describe other behaviors not listed above that we should be aware of:

Have there been any major life changes during the past year?

What do you consider to be your child's strengths?

What are your child's preferred activities?

What activities does your child avoid?

Does your child prefer to play alone or with others?

What is your child's preferred communication style (i.e. verbal, gestures)?

Does your child have any irrational fears? If so, please describe:

What methods are used to calm your child?

Does your child understand and accept his/her social difficulties?

Who lives at home with your child? (i.e. parent/stepparent, foster family, siblings, etc.)

Is there anything else you feel we need to know about your child in order to be most helpful?

What school does your child currently attend?

Name of the teacher who knows your child the best:

May we contact this teacher? Yes _____ No _____

Parent signature: _____