

# TIMBERTOP CAMP

## SCHOOL INFORMATION FORM

Please fully complete and return this form along with the other requested reports to:

[info@timbertopcamp.org](mailto:info@timbertopcamp.org) or by mail at:

Timbertop Camp, P.O. Box 423, Plover, WI 54467 (715) 869-6262

[www.timbertopcamp.org](http://www.timbertopcamp.org)

Please Print Clearly

Date: \_\_\_\_\_

### I. CAMPER/PARTICIPANT INFORMATION

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

### II. SCHOOL INFORMATION

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School Phone (\_\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_\_) \_\_\_\_\_

Name of Special Ed Teacher \_\_\_\_\_ Email \_\_\_\_\_

Name of Regular Class Teacher \_\_\_\_\_ Email \_\_\_\_\_

- In what Special Ed program(s) is child enrolled?

OHI \_\_\_\_\_ LD \_\_\_\_\_ SLD \_\_\_\_\_ Title 1 \_\_\_\_\_ LLI \_\_\_\_\_ EBD \_\_\_\_\_ ID \_\_\_\_\_ Speech/Language \_\_\_\_\_

Other: \_\_\_\_\_

- What level of services is child receiving or what % is child in the Regular Educational Environment? (i.e. Resource Room/Pull Out, Inclusion, Self-Contained, etc...) If child has an aide in the Regular Educational Environment please also explain \_\_\_\_\_

- About how much time per day is child receiving Special Ed services? Enter minutes per day/per week. (Please indicate)

Reading \_\_\_\_\_ Math \_\_\_\_\_ Written Language \_\_\_\_\_ Social Skills \_\_\_\_\_ Other \_\_\_\_\_

- Describe child's temperament, personality, interests, assets, human characteristics: \_\_\_\_\_

- Is child seeing a school social worker or school counselor? \_\_\_\_\_

For what reason? \_\_\_\_\_

How much time per week? \_\_\_\_\_

- Is Family currently involved in outside counseling? \_\_\_\_\_ Have they been in past? \_\_\_\_\_

For what reason? \_\_\_\_\_

- Current Reading *Grade Level* \_\_\_\_\_ (Please convert to **approximate grade level** as each school uses Lexile, MAPS, F&P, or other metrics)

(OVER)

- Executive functioning difficulties (organization, difficulty with multi-step directions, visual spatial issues, time management, focusing...)

• Other Standardized Achievement Test Data: \_\_\_\_\_

- Does child have **any** emotional and/or behavior concerns? Please describe (mild, moderate, or severe). Our volunteers are primarily high school and college age students who will have training in learning disabilities - not severe behavioral issues. How do the behavioral issues show up in school? Home? (e.g. peer relations, please be specific). Are there behavioral goals or Behavior Intervention Plan - BIP?

What interventions have you tried? \_\_\_\_\_

What interventions work best? \_\_\_\_\_

- How would you describe child's self-concept? \_\_\_\_\_

- In your opinion, could child function satisfactorily away from home for 1 week? (see brochure for camp description) What kinds of reservations or concerns do you have? Please be specific and descriptive. We need your candid input, so we can plan accordingly.

- What are the child's strengths? \_\_\_\_\_

- What would you like to see the camp experience do for this child? \_\_\_\_\_

- Is there anything else you feel our staff should know about this child? (Learning strengths and weaknesses, family situation, toilet habits, fears, medical/physical/behavioral conditions, etc...) Please be specific. \_\_\_\_\_

• Name of Person who completed this form \_\_\_\_\_ Signature \_\_\_\_\_

Position held: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**• Please enclose copies of the following reports:**

- School Psychologist's Evaluation
- Current IEP
- Outside Specialists Evaluation (neurologists and other)
- Speech/Language Report if available
- Social/Behavioral Scales if applicable

**The above materials are needed for Timbertop Directors to act on the parent application, so please send as soon as you possibly can. Thank you for your prompt reply.**

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