

CAMP TIMBERTOP

SCHOOL INFORMATION FORM

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

info@timbertopcamp.org or by mail at:

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

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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