**Summer Inclusion Program**

**Questionnaire for Parents/Guardians Elementary**

You have indicated interest in the Summer Inclusion Program for your child: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** The Summer Inclusion Program provides assistance to children needing a little extra support to have a positive camp experience. In order to help us plan for this camper, please complete this short survey and return to

**CLASS Venable Annex 416 13th St. NW Charlottesville, VA 22903** or email to [CLASS@charlottesvilleschools.org](mailto:CLASS@charlottesvilleschools.org)

(A downloadable copy may be found at the Forms Page on [www.enrichmentalliance.org](http://www.enrichmentalliance.org).)

**Please underline the number that best describes the extent that each statement is true:**

**NEVER ALWAYS**

Camper complies with general behavioral expectations. 1 2 3 4

Camper is able to easily stop one activity and move to the next. 1 2 3 4

Camper accepts changes to daily routine. 1 2 3 4

Camper gets along with peers. 1 2 3 4

Camper is able to follow instructions. 1 2 3 4

**Please list five things that are helpful for this camper when s/he is struggling:**

**Is there anything else we should know about this child to help make camp a successful experience?**

**If your child has an aide or Therapeutic Day Counselor, would you be interested is seeing if they could attend camp with your child?**