

CHILD'S NAME _____

I authorize the release of my child's informational assessment to Camp Sunrise. I wish to have the following evaluation completed by my child's teacher and understand that the material will be used to establish proper placement for my child in Camp Sunrise, and will remain confidential.

Parent/Guardian Signature

Date

TEACHER INSTRUCTIONS: Please provide a brief evaluation of this child's program and resulting progress during the past school year. The completed form should be either returned to the parent or mailed to Camp Sunrise, c/o Glastonbury Parks and Recreation Department, 2143 Main Street, PO Box 6523, Glastonbury, CT 06033, ATTN: Anna Park, Recreation Supervisor.

Student's Name _____ Grade _____ Birthdate _____

School _____ Program _____

Student's Exceptionality _____

Teacher's Name _____ School Phone _____

Teacher's E-Mail _____

What is a good time of day to contact you? _____

Check if applicable: Physical Limitations Intellectual Disability
 Social/Emotional Difficulty Other

How might the above interfere/affect the child's performance in a camp program setting (recreational activities, socialization skills, ability to communicate, etc...)

Please be specific in describing the level of functioning in the following areas:

Gross Motor _____

Fine Motor _____

Language _____

Self Help _____

Describe any educational or behavioral goals & objectives which might be incorporated into this child's camp program (**please attach any behavior plans**):

Describe any strategies, interventions, or reinforcers you have used successfully when working with this child (rewards, incentives, charts – **please attach any charts**):

Please use this space for any additional information you feel might be helpful to us in working with this child (interests, hobbies, favorite activities, etc...):
