

Jr. CBLI has a very active schedule which may include any of the following: swimming, hiking, large group games, low ropes, beach front activities, campfires, etc. Within a supportive environment we strive to achieve and develop: group socialization, social skills, independence building, participation, self-confidence, flexibility (trying new things, reducing anxiety, etc), organizational skills and project completion. In order to ensure proper staffing and an enjoyable experience for your child, please provide the following information.

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**Camper's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade entering in 2016** \_\_\_\_\_

**Can read at grade level** \_\_\_\_ Yes \_\_\_\_ No **Writes at grade level** \_\_\_\_ Yes \_\_\_\_ No

**Present school program:** \_\_\_\_ Mainstreamed \_\_\_\_ Self Contained \_\_\_\_ Residential  
\_\_\_\_ Other (Please explain) \_\_\_\_\_

**Requires an aide at school** \_\_\_\_ Yes \_\_\_\_ No If yes, provide details about level of assistance provided \_\_\_\_\_

**Does your child have an IEP? If so, please provide a copy of the most current plan.**

**Does your child require assistance with any of the following?**

\_\_\_\_ Toileting \_\_\_\_ Dressing (at the pool) \_\_\_\_ Eating and/or drinking

Provide details about assistance level required \_\_\_\_\_

**Communication Skills:**

\_\_\_\_ Communicates fully \_\_\_\_ Uses single clear words \_\_\_\_ Attempts, but unclear speech

\_\_\_\_ Non-verbal \_\_\_\_ Uses sign language \_\_\_\_ Uses gestures

\_\_\_\_ Communication board

**Does your child receive separate Occupational Therapy?** \_\_\_\_ Yes \_\_\_\_ No

**Speech and Language Therapy?** \_\_\_\_ Yes \_\_\_\_ No

**Activity Level**

\_\_\_\_ Very active, at times impulsive \_\_\_\_ Very restless, hyperactive

\_\_\_\_ Initiates activities, shares interests with others \_\_\_\_ Very shy

\_\_\_\_ Engages willingly in most activities \_\_\_\_ Does not engage in most activities

\_\_\_\_ Requires encouragement to stay on-task \_\_\_\_ Wanders away if unattended

**Please describe your child's social behavior with:**

Adults: \_\_\_\_\_

Peers: \_\_\_\_\_

Siblings: \_\_\_\_\_

**Please name and explain those things of greatest concern for your child** \_\_\_\_\_

\_\_\_\_\_

**Please name and explain activities and areas of greatest success for your child:** \_\_\_\_\_

\_\_\_\_\_

**Please detail any allergies your child has and the kinds of reactions that occur:** \_\_\_\_\_

\_\_\_\_\_

**Please name your child's hobbies and/or leisure time interests:** \_\_\_\_\_

\_\_\_\_\_

**List any rewards or behavior modifications to which your child responds well:** \_\_\_\_\_

\_\_\_\_\_

**Is there anything else we need to know to make your child's experience a positive one?** \_\_\_\_\_

**Return this form via fax or mail to:**

**The Salvation Army - Attn: Youth Department**

**5550 Prairie Stone Parkway**

**Hoffman Estates, IL 60192**

**Fax: 847-294-2114**