

## CONFIDENTIAL QUESTIONNAIRE 2007

(to be completed by parent)

Camper: \_\_\_\_\_

Session: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cabin: \_\_\_\_\_

Grade completed June 2007: \_\_\_\_\_

(office use)

# Years at

ADK: \_\_\_\_\_

Parents: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dear Parents,

Our mission is to help your child make the most out of their camp experience. Our staff are effectively parenting your child for the next several weeks. Please provide us with as honest and detailed information as possible. Rest assured that the information provided will be kept confidential and will be shared only with staff members who will be working directly with your child.

What words come to mind when describing your child? \_\_\_\_\_

\_\_\_\_\_

What are some hints/suggestions for the staff in guiding, relating to, and building a relationship with your child? \_\_\_\_\_

\_\_\_\_\_

What interests and activities does your child have/participate in? \_\_\_\_\_

\_\_\_\_\_

What causes stress in your child and how does your child cope with stress? \_\_\_\_\_

\_\_\_\_\_

What are your anxieties about camp? Your child's? \_\_\_\_\_

\_\_\_\_\_

How does your child interact with other children individually or in a group? At home? At school?

\_\_\_\_\_

\_\_\_\_\_

What do you consider most important for our counselors to know about your child? \_\_\_\_\_

\_\_\_\_\_

Has your child undergone any major family changes (divorce, birth, move...) and if so, how are they adapting? \_\_\_\_\_

\_\_\_\_\_

Has your child seen a psychologist, psychiatrist, therapist or other counseling specialist in the past two years? If so, for how long and for what reason was treatment recommended? \_\_\_\_\_

\_\_\_\_\_

Is your child currently prescribed or recently been taken off any behavior modification medication? If so, please indicate the type of medication and reason for use/discontinuation. \_\_\_\_\_

\_\_\_\_\_

Any medical or dietary concerns in the last two years? How does this effect your child? \_\_\_\_\_

\_\_\_\_\_

Are there any specific activities you wish your child to be directed toward or away from? \_\_\_\_\_

\_\_\_\_\_

If your child would like to be placed in a cabin with another camper, please indicate so here. Please understand that although we do our best to honor these requests, it is not always possible. Your support in this matter is particularly helpful in helping your child make new friends and have a happy, successful summer. \_\_\_\_\_

\_\_\_\_\_

Other comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please feel free to attach additional notes or comments. You are also welcome to contact our Camp Director, Matt Basinet, or Chief Camper Advocate, Jen Zahorchak if there is something further you would like to discuss.