

**2016 Autism Academic and Social Skills Summer  
Day Camp\***  
**June 13<sup>th</sup> to July 19<sup>th</sup>**  
**(Parent conferences held July 21st and 22nd)**



**Camper Application Packet**

**\*The day camp is sponsored by the Center for Autism Spectrum Disorders and in collaboration with the Department of Special Education at Ball State University.**

February 17, 2016

Dear Parents/Guardians,

We are very excited to offer your child an opportunity to apply for the 2016 Autism Academic and Social Skills Summer Day Camp. This camp will be held on the Ball State University campus and run from June 13<sup>th</sup>, 2016 to July 19<sup>th</sup>, 2016. Parent conferences will be held on July 21<sup>st</sup> and 22<sup>nd</sup> for all campers and their parents/guardians. The camp day will begin at 8:00 a.m. and end at 3:15 p.m., Monday thru Friday. Drop-off will be from 7:45-8:00 a.m. and pick-up will be from 3:15-3:30 p.m. Parents will need to provide transportation to and from camp. Parents will also need to send a sack lunch as well as a snack with their child each day. The camp is **FREE**. We will be accepting applications for campers age 6 – 12 years with a current primary medical or educational diagnosis of an autism spectrum disorder (e.g., PDD-NOS, Autism, and Asperger's). Campers must be 6 years old by the first day of camp. Due to the individualized therapeutic programming and academic tutoring that will be provided, a limited number of applications will be accepted.

The camp is designed to improve the social skills and behaviors of children with autism spectrum disorders as well as help maintain their current academic skills throughout the summer by providing innovative programming and therapeutic recreational activities. The day camp is a 6-week intensive experience for children classified with autism spectrum disorders. Campers will participate in various small and large group camp activities involving embedded academics such as Math relays, Science integrated with outdoor skills and collaborative theatrical performances in Language Arts class. Campers will also receive group counseling each day where the focus will be to enhance social skills. These social skills as well as all behavior intervention plans will be supported by camp staff throughout the day with therapeutic recreational activities. For example, campers may design a computer game that is focused on recognizing others feelings or compete in games that require teamwork. Finally, the camp will provide daily individualized tutoring focused on his/her IEP goals. The goal of the tutoring will be to maintain/increase each camper's academic skills in the areas of math and reading.

Enclosed you will find the 2016 Autism Academic and Social Skills Summer Day Camp initial application and information regarding the camp. The application is an important document that will be utilized in providing the best experience possible for campers. We encourage families to include as many of the "experts" in their camper's life as possible when completing the application packet. These "experts" may include parents, caregivers, teachers, behavior consultants, psychologists, psychiatrists, physicians and counselors. Parents **must** include a copy of their child's most recent Individualized Educational Plan (IEP) and proof of diagnosis of an autism spectrum disorder with the initial application. A lottery system will be used to select campers who qualify to participate in camp. Without a current IEP on file and proof of an autism diagnosis (medical or educational) the camper's application will not be admitted into the lottery. After a camper has been selected, parents will be asked to provide additional information (e.g., psychological, behavioral, and physician reports). A physical examination form or copies of a school physical from the current school year are due by no later than May 27<sup>th</sup> for campers who are drawn through the lottery. Parents will be notified by May 13<sup>th</sup> whether or not their child was drawn through the lottery to participate in the summer camp.

To ensure a successful camp experience, children are expected to attend camp daily. Campers are expected to attend the entire 6 weeks. Therefore, if you are planning a vacation

while camp is in session it is recommended that you do not submit an application. If the parent of a child drawn in the lottery decides not to have their child participate in camp after May 27, 2016 they will be subject to a \$200 processing fee, which must be paid, no exceptions.

**The initial camp application is due by Monday, May 2<sup>nd</sup>.** As you are completing the application, please feel free to contact us with questions. We can be reached by email at [ASDachieve@bsu.edu](mailto:ASDachieve@bsu.edu). Please do not fax your camp application. However they can be submitted electronically using the aforementioned email address.

**Send applications to:**

**ATTN: 2016 Autism Camp**

Dr. David McIntosh  
Department of Special Education  
Teachers College 722  
Ball State University  
Muncie, IN 47306

Sincerely,

David E. McIntosh, Ph.D.  
Meeks Distinguished Professor of Special Education

### Identifying Information

Camper's Name (First, Middle, Last): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Previous Camp Experience? Where: \_\_\_\_\_ When: \_\_\_\_\_

### Family/Parent Contact Information

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ email address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ email address: \_\_\_\_\_

### Emergency Contact Information

These are the person(s) who will be contacted to accept responsibility if the parent/guardian cannot be reached to pick the camper up during the camp session.

1. Name: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

2. Name: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Insurance coverage for accidents or illnesses while participating in programs at Ball State University is the primary responsibility of the camper and/or his/her family. **Please attach a copy of insurance/Medicare/Medicaid cards.**

Primary Insurance

Is the applicant covered by hospitalization insurance? Yes    No

Name of Insurance: \_\_\_\_\_

Policy, Identification, or Group Number: \_\_\_\_\_

Insurance is in whose name? \_\_\_\_\_

Name of employer if insurance is through work: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Secondary Insurance

Is the applicant covered by hospitalization insurance? Yes    No

Name of Insurance: \_\_\_\_\_

Policy, Identification, or Group Number: \_\_\_\_\_

Insurance is in whose name? \_\_\_\_\_

Name of employer if insurance is through work: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

### General Consent and Waiver

I, as the parent and/or legal guardian of \_\_\_\_\_ (the "Applicant"), give consent for the Applicant to attend the 2016 Autism Academic and Social Skills Summer Day Camp and to participate in all camp activities except those specified in this application. Camp activities may include but are not limited to walking fieldtrips on Ball State campus, Outdoor Pursuits indoor climbing wall, Cardinal Lanes bowling alley, swimming in Ball Gym pool and/or Lewellen Pool, hiking in Christy Woods, large recreational inflatables such as bounce houses, interaction with animals, etc. I represent and warrant to the 2016 Autism Academic and Social Skills Summer Day Camp that the applicant is physically and mentally able to participate in all camp activities except those that I have specified.

I understand and acknowledge that the Ball State University Department of Special Education and the Center for Autism Spectrum Disorders reserves the right to refuse any person and agree that the applicant will be attending voluntarily. I acknowledge and agree that I have been provided the opportunity to see and inspect the camp facilities at Ball State University. On behalf of the applicant and myself we agree to assume all risk of injury and loss arising out of the condition of the camp, the applicant's participation in camp activities and the activities of other campers participating in such activities. Also, on behalf of the applicant and myself we agree to assume all risk of injury and loss arising out of any of behavioral and academic interventions and any other interventions implemented during camp. In consideration of and return for the services, facilities, and other assistance provided to the applicant by Ball State University, the applicant and I release Ball State University (and its Board of Trustees, officers, employees, agents, and volunteers), the Center for Autism Spectrum Disorders, Burriss Laboratory School, and Dr. McIntosh from any and all liability, claims and actions that may arise from injury or harm to us, from our death or from damage to our property in connection with participation in camp at Ball State University. In consideration of and return for the services, facilities, and other assistance provided to the applicant by Ball State University, the applicant and I release Ball State University (and its Board of Directors, officers, employees and agents) from any and all liability, claims and actions that may arise from injury or harm to us, from our death or from damage to our property in connection with participation in the 2016 Autism Academic and Social Skills Summer Day Camp. I understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Ball State University (or its Board of Directors, officers, employees, or agents) including but not limited to negligence, mistake, or failure to supervise by Ball State University.

I understand that my child is expected to attend camp daily. Campers are expected to attend the entire 6 weeks. I understand that if my child is drawn through the lottery to participate in the 2016 Autism Academic and Social Skills Summer Day Camp and I withdraw my child from participating in the camp after May 27, 2016 I will be charged a \$200 processing fee. I recognize that this Consent and Waiver means I am giving up, among other things, rights to sue Ball State University's Board of Directors, officers, employees, or agents for injuries, damages, or losses we may incur. I also understand that this Consent and Waiver binds our respective heirs, executors, administrators, and assigns, as well as ourselves.

I have read this entire Consent and Waiver; I fully understand it and I, on behalf of myself and my child and our respective heirs, executors, administrators, and assigns, agree to be legally bound by it. I have read and understand the Admission Policy of Ball State University, I fully understand it and agree to be bound by it. This is release of your rights. Read it carefully before signing. I understand that completion of this form does not guarantee acceptance to the 2016 Autism Academic and Social Skills Summer Day Camp. I verify that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Date

## FORM A

### INFORMATION AND AUTHORIZATION FOR MEDICAL CARE

**Child's Name:** \_\_\_\_\_

**As a parent or guardian I understand that** the information requested on this form is intended to help inform program staff of any pre-existing medical conditions my Child may have. If my Child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Ball State University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for your Child. You are accountable for providing an accurate medical history. **Final determination about whether Child should participate is the responsibility of you and your physician.** If your Child has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to your Child's participation in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to your Child's participation in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

*I understand that Ball State University does not provide any health insurance for my Child while participating in the Program.*

#### PART 1. MEDICAL INFORMATION

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of most recent tetanus toxoid immunization \_\_\_\_\_

Do you have health/accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Policy # \_\_\_\_\_ Company Name/Address \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM**

**For the following, circle appropriate response and explain as appropriate:**

Does your Child have any limiting medical conditions that you or your doctor feel would limit camp participation? YES NO

If yes, identify and explain:

Is your Child currently taking medication that may interfere with ability to safely participate in Program?    YES    NO

If yes, please indicate the medication and the condition being treated:

Does your Child have a history of allergies or reactions to medications, insect stings, or plants?

YES    NO

If yes, please explain:

Does your Child have a history of food allergies?    YES    NO

If yes, please explain:

Does your Child have a history of, or is currently suffering from a medical condition which we need to be aware of?    YES    NO

If yes, please explain:

## **PART 2: AUTHORIZATION FOR MEDICAL CARE**

By my signature below I grant Ball State University permission to seek medical care for my Child in the event of illness or medical emergency and to release the medical information as needed on this form in pursuit of that medical care. I will assume the financial responsibility for such medical care.

As a parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to my Child and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Ball State University pertaining to my Child's medical, mental and physical condition and that it is accurate and complete. I agree to notify Ball State University of any changes in my Child's mental, physical or medical condition prior to my Child's participation in the scheduled Program. By revealing or disclosing the above medical information I acknowledge that it will not be used by Ball State University personnel or employees to determine my Child's ability to participate safely in activities. I understand that, if my Child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## FORM B

### AUTHORIZATION FOR SELF-ADMINISTRATION OF REQUIRED MEDICATION

**Child's Name:** \_\_\_\_\_

This form must be completed fully in order for your child to self-administer required medication. A new medication administration form must be completed for each Program attended by your child, for each medication, and each time there is a change in dosage or time of administration of a medication. **Self-medication requires licensed health care authorization and signature on this form as well as the parent/guardian signature.**

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the participant will be attending the Program.

### PREScriBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from (date) \_\_\_\_\_ to \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Is the participant capable of self-managed care?    YES    NO

Prescriber's Name/Title:

Prescriber's Place of Employment:

Telephone:

Fax:

I hereby affirm that this Child has been instructed in the proper self-administration of the prescribed medication(s).

**Prescriber's Signature:**

**Date:**

I authorize and recommend self-administration by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Program Staff, Ball State University, its Board of Trustees, Administration, Faculty, Staff, Students, Volunteers, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication.

*I have legal authority to consent to medical treatment for my Child named above, including the self-administration of medication at the above referenced Program.*

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FORM C****CONSENT FOR OVER-THE-COUNTER MEDICATIONS****Child's Name:** \_\_\_\_\_

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her program participation.

**Note: Unless we have parental authorization, we cannot administer ANY medications.**

I hereby authorize that the following medications may be given to my Child if the need arises. You may dispense only those checked.

\_\_\_\_\_ Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

\_\_\_\_\_ Tylenol/Acetaminophen as directed.

\_\_\_\_\_ Ibuprofen as directed.

\_\_\_\_\_ Throat lozenges and or spray as directed for sore throat.

\_\_\_\_\_ Micatin or anti-fungus treatment as directed for athlete's foot.

\_\_\_\_\_ Kaopectate or Imodium for diarrhea as directed.

\_\_\_\_\_ Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.

\_\_\_\_\_ Rolaids or Tums for acid reflux, heartburn or indigestion as directed.

\_\_\_\_\_ Benadryl for swelling, hives, allergic reaction, as directed.

\_\_\_\_\_ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.

\_\_\_\_\_ Visine or other eye drops for minor eye irritation.

\_\_\_\_\_ Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.

\_\_\_\_\_ Swimmer's ear drops as directed.

\_\_\_\_\_ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.

\_\_\_\_\_ Medicated powder for skin irritation as directed.

\_\_\_\_\_ Robitussin or other cough syrup as directed.

\_\_\_\_\_ Calamine lotion for bug bites and poison ivy.

\_\_\_\_\_ Sunscreen.

\_\_\_\_\_ Bug repellent.

\_\_\_\_\_ Other (list any other approved over-the-counter drugs).

Program staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the camper's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Program Staff, Ball State University, its Board of Trustees, Administration, Faculty, Staff, Students, Volunteers, and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

I have legal authority to consent to medical treatment for my child named above, including the administration of the medications listed above at the above referenced program.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FORM D****MEDIA, PHOTO, VIDEO, AND LIABILITY RELEASE**

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.**

**Child's Name:** \_\_\_\_\_

In consideration for my Child's participation in the program, I, the undersigned parent/guardian of the Child named above, hereby grant to Ball State University, its Board of Trustees, Administration, Faculty, Staff, Students, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my Child will receive compensation in connection with the use of my child's image.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Ball State University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

**This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample time to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.**

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FORM E****DISCIPLINARY PROCEDURES****Child's Name:** \_\_\_\_\_**Disciplinary Procedures:**

Each program participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, should not be permitted to impact negatively on the program experience of others. Most programs are short in duration, so prompt action is required when problems occur. Parents and participants should be aware of the disciplinary policy.

First Offense: Participants failing to adhere to program rules, or exhibiting behavior clearly intended to annoy or endanger other participants, will be formally warned by a Program Counselor and informed that subsequent misbehavior will result in formal counseling by the Program Director and/or Associate Director.

Second Offense: Subsequent misconduct will result in counseling by the Program Director and/or Associate Director and a warning that further misconduct will result in removal from Program. At this point, the Program Director and/or Associate Director will contact the parent or guardian to advise him/her of the situation and the possible need for picking the child up from camp if there is further misconduct.

Third Offense: Any further inappropriate behavior will result in expulsion from Program.

**NOTE: BALL STATE UNIVERSITY EXPECTS EACH PARTICIPANT TO HAVE A SUCCESSFUL PROGRAM EXPERIENCE. ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF PROGRAM STAFF. PARTICIPANTS DISMISSED FROM PROGRAM FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND PROGRAM.**

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a program, but is not so egregious as to warrant immediate dismissal from the program. It in no way precludes immediate dismissal from the program for more serious disciplinary problems or violations of campus or program regulations.

A serious disciplinary problem is defined as one in which the program staff determines that a participant is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, other participants, or program staff member's safety in jeopardy; physical, emotional, or electronic harassment/harm against self, program staff or fellow program participants; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another participant; consistently disrupting the program; possession of alcohol, drugs, or weapons; fighting; sexual harassment; or behavior that is serious enough to warrant a third offense.

By my signature below I understand the disciplinary procedures described above. I understand failure of my Child named above to demonstrate proper conduct during camp may result in early dismissal from the program without any refund of fees paid to attend. I pledge to have my Child abide by all program rules and to exercise good behavior and proper respect for others.

**Parent/Guardian Name:** \_\_\_\_\_**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Camper Information

To assist the 2016 Autism Academic and Social Skills Summer Day Camp staff in developing programming and individualized tutoring sessions for your child we must utilize all information available to us. Please complete the following information to the best of your ability. Including any additional information regarding camper's specific needs is highly encouraged. However, if your child is drawn through the lottery to participate in the camp you will be asked to provide the following information by May 27, 2016: Behavior Support Plans, Psychological Reports, IEP's, Health Physical, etc... The 2016 Autism Academic and Social Skills Summer Day Camp staff will make every effort to be educated regarding campers' specific needs given the information provided via the application and check-in process. Camp staff will receive training regarding basic behavior management techniques as well as aggression management. Because a primary focus of the camp is to modify behaviors that interfere with learning and developing appropriate social skills the staff will include professionals trained in the area of applied behavioral analysis. Therefore, behavior plans will be developed and implemented as needed. The Camp Directors will communicate with campers, families and caregivers regarding the scope of limitation of accommodating campers' specific needs as necessary.

Child's Name: \_\_\_\_\_

Current Grade in school: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Severity of Autism:

- ☐ Mild  
☐ Moderate  
☐ Severe

Type of Classroom:

- ☐ Mainstreamed  
☐ Mild  
☐ Moderate  
☐ Severe

Does the camper have a one-on-one aide at school? If no, what is the classroom ratio of teachers and aides to students?

- ☐ Yes  
☐ No, ratio \_\_\_\_\_

Does the applicant have any specific behaviors that may be of concern in adjusting to the camp? ☐ yes ☐ no If yes, please describe below.

\_\_\_\_\_  
 \_\_\_\_\_

Are there any precipitating factors for specific behaviors?

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What methods are most effective in diminishing challenging behaviors?

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What are activities or items that are enjoyable and/or can be used as reinforcement?

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What type of interests and hobbies does the applicant have?

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Does your child have a highly focal or specific interest (e.g., Legos, computers, dinosaurs, princesses, fishing, etc.) that often interferes with learning? Yes \_\_\_\_ No \_\_\_\_ If yes, please describe the highly focal or specific interest.

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Does the applicant have any likes or dislikes that may be useful or for which the staff should be aware?

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Does the applicant have any self-stimulatory behaviors? Mark: N=Never, C=Current, P=Past

____ Genital Stimulation	____ Oral Stimulation (biting, chewing, mouthing objects)
____ Hand Flapping	____ Rocking
____ Head Banging	____ Self-Abusive
____ Other (please describe) _____	

If the applicant engages in self-stimulatory behaviors, how are the behaviors handled at home and/or school?

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Has the applicant ever displayed any of the following behaviors? Mark: N=Never, C=Current, P=Past

____ Wandering	____ Stealing	____ Lying
____ Bullying	____ Impulsivity	____ Sexual Acting Out
____ Withdrawal	____ Swearing	____ Anxiety/Depression
____ Noncompliance	____ Mood Swings	____ Verbal Threats
____ Hitting	____ Throwing Objects	____ Scratching
____ Pinching	____ Biting	____ Spitting
____ Hair Pulling	____ Kicking	____ Disrobing
____ Suicidal Ideation/Attempts	____ Darting/Running Away	

Has the applicant ever shown any physical aggression? ☐yes ☐no

If yes, check all that apply:

- ☐Toward Self
- ☐Toward Peers
- ☐Toward Adults
- ☐Toward Animals

Strategies that are successful in managing challenging behaviors? (check all that apply)

- ☐Sensory Input
- ☐Time Outs
- ☐Redirection
- ☐Removal From Group
- ☐Positive Reinforcement
- ☐“Safe” Place
- ☐One-on-One Attention
- ☐Constant Supervision

Comments:

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### **Daily Living Skills:**

Toileting

\_\_\_\_ Independent      \_\_\_\_ Some Assistance      \_\_\_\_ Total Assistance

Comments:

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Eating:

\_\_\_\_ Independent      \_\_\_\_ Some Assistance      \_\_\_\_ Total Assistance

Comments:

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How does the applicant communicate?

- ☐ Verbal
 ☐ Gestures
 ☐ Sign Language  
☐ PECS-Picture Exchange Communication System
 ☐ Communication Device  
☐ Other \_\_\_\_\_

Comments:

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Does the applicant use any adaptive equipment (i.e., wheelchair, communication device, pressure vest, weighted vest, weighted blanket, etc...)?

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Sensory Issues: (please check all that apply)

- ☐ Tactile—sensitivity to touch/textures, defensiveness to touch/textures  
☐ Auditory—sensitivity to sounds/noises  
☐ Visual—sensitivity to lights, colors, etc.

How are sensory issues handled?

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Are there any recent traumatic events that may affect the camp experience? ☐yes ☐no

Comments:

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Is there any other important information that would be useful or for which the camp staff should be aware?

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### **Programming Restrictions:**

Please note that all camp activities will be facilitated by trained program staff. Staff will be assisting campers as needed for the highest level of inclusion possible for each specific camper.

Are there any camp activities that the applicant should not engage in?

Please Check All That Apply

- ☐ Walking Long Distances  
☐ Walking Short Distances  
☐ Campfires/Building campfires

- ☐Swimming without Personal Flotation Device (lifejacket)
- ☐Swimming with Personal Flotation Device (lifejacket)
- ☐Activities that may include physical contact (e.g., relay races)
- ☐Climbing Wall with harness
- ☐Interaction with animals (e.g., therapy dog)
- ☐Inflatables (i.e. bounce houses and obstacle courses)
- ☐Other \_\_\_\_\_
- ☐Other \_\_\_\_\_

### **Camp Cost and Transportation**

This camp is free to all campers who are accepted to participate. Parents are expected to provide transportation for the camper on a daily basis.

### **Meals**

Parents will need to provide a sack lunch as well as a snack each day. (Limited refrigeration is available.)

### **Cancellations**

To ensure a successful camping experience, children are expected to attend camp daily. Campers are expected to attend the entire 6 weeks. Therefore, if you are planning a vacation during the 6-week camp it is recommended that you do not submit an application for your child to participate. If the parent of a child drawn in the lottery decides not to have their child participate in camp after May 27, 2016, they will be subject to a \$200 processing fee, no exceptions. Campers who miss more than 3 days during camp without a physician's note will not be allowed to continue to participate in the camp and will be subject to a \$200 processing fee, no exceptions.

I understand that if the applicant is unable to attend, cancellation must be made no later than May 27, 2016. If the cancellation is not made by May 27, 2016 the parent or guardian is responsible for the applicant processing fee and the costs of developing the individualized programming, a cost of approximately \$200.

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Signature of Parent/Guardian or Other Responsible for Payment

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Printed Name

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Date

## IMPORTANT INFORMATION & DEADLINES

**Camp dates:** June 13<sup>th</sup> – July 19<sup>th</sup> (Monday-Friday 7:45am-3:30pm) Please also plan to meet with camp staff on either July 21<sup>st</sup> or 22<sup>nd</sup> to discuss your child's experience at camp. A conference sign-up sheet will be given two weeks prior to the end of camp. We will schedule a 30 minute conference on one of the two dates listed above.

**Camp location:** Burriss Laboratory School, located at Ball State University.

**Camper qualifications:** Children ages 6-12 years with a current primary medical or educational diagnosis of Autism Spectrum Disorder (e.g., PDD-NOS, Autism, and Asperger's).

**Initial application deadline:** Monday, May 2, 2016 (You MUST include proof of autism diagnosis and a current IEP)

**Notification of acceptance:** Friday, May 13, 2016

**Additional information required by Friday, May 27, 2016 if accepted:** Current school physical form including vaccination records, teacher questionnaire and any relevant behavioral/psychological/medical reports.

**Cost:** FREE (Families are responsible for transportation to and from camp as well as a daily lunch and snack.)

**Due to the highly individualized programming and therapeutic nature of this camp campers are expected to attend daily, for the entire 6 week session. If you are planning a vacation or have other foreseeable conflicts during this time it is recommended that you do not apply.**