

CAMP RAMAPO
RHINEBECK, NY 12572-0266
(845) 876-8403

EARLY ADVENTURES PROFESSIONAL REPORT

Early Adventures at Camp Ramapo is a therapeutic residential summer program serving children ages 4 – 6 who are experiencing difficulty at home or at school. Please complete and return this report immediately, so that we can consider the camper's application in a timely matter.

Jennifer L. Pubentz, Early Adventures Director

Camper's name: _____

(Check One) Male Female Birthdate: _____ Age on June 1, 2005: _____

School or agency: _____

School Address: _____

Person completing report (please print): _____

Title: _____ Signature: _____

Telephone: () _____ Hours can be reached: _____

What services does this child receive from you? Please describe (type, frequency, duration, goals, etc.):

Why are you referring this child to a therapeutic program serving children at risk?

Child's Physical characteristics (size, weight, vision limitations, etc.):

Medication? If so, please describe type and reason:

Child's strengths, interests, and talents:

Briefly describe the child's family and any important issues we should be aware of:

Social Attitudes: Please circle the letter in each area that best describes this child.

Relationship to other children:

- A. Makes friends easily on his/her own
- B. Makes friends with adult assistance
- C. Has difficulty making friends
- D. Prefers to play alone rather than with peers

Relationship to adults:

- A. Friendly and cooperative
- B. Cooperative, but shy or withdrawn
- C. Uncooperative, appears not to listen or follow directions

Need for attention:

- A. Satisfied with reasonable amount of attention
- B. Requires a great deal of attention

Applicant Name: _____

- Temperament: A. Usually even tempered
 B. Occasional temper outbursts
 C. Frequent temper outbursts
- Group participation: A. Participates actively in group activities
 B. Participates when encouraged
 C. Shy, withdrawn, does not participate
- Self-confidence: A. Usually works with confidence
 B. Needs frequent encouragement
 C. Lacks confidence, needs constant encouragement
- Activity level: A. Usually passive
 B. Normally energetic
 C. Usually restless, hyperactive

Please rate the child's skill level in the following areas (circle one):

Communication (asks questions, starts conversations, expresses feelings, asks for help, etc.):	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Motor (jumps, runs, draws recognizable pictures, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Self Help (dresses self, brushes teeth, washes self, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Relationship Building (asks other children to play, expresses concern for others, apologizes when appropriate, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Responsible Behaviors (stays away from dangerous situations, respects others' space and privacy, follows directions, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Attitude and Adjustment (likes to try new things, tries again - even when frustrated, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Learning (knows colors, shows interest in stories, recites the alphabet, counts out loud, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>

Which of the following activities/times of day may be difficult for this child at Camp?
(Please check as many as you would like.)

- | | |
|---|---|
| <input type="checkbox"/> Wake up | <input type="checkbox"/> Nature/woods activities |
| <input type="checkbox"/> Helping to clean up his/her area in the cabin | <input type="checkbox"/> Athletics activities |
| <input type="checkbox"/> Meals (eaten family style) | <input type="checkbox"/> Group games |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Listening to a story |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Small group instruction |
| <input type="checkbox"/> Arts and crafts activities (general, ceramics, woodcraft) | <input type="checkbox"/> Playground time |
| <input type="checkbox"/> Music/drama activities | <input type="checkbox"/> Moving from one activity to the next |
| <input type="checkbox"/> Rest hour (campers are not required to sleep, but are asked to stay quietly on their beds) | <input type="checkbox"/> Showering |
| | <input type="checkbox"/> Bedtime |

Please explain your reason(s) for checking the above items:

Under what circumstances does this child become stressed or frustrated?

Applicant Name: _____

What are the most successful ways to manage this child's behavior when s/he is presenting difficulty?

What are 3 skills you would like this child to learn in order to be more successful at home and/or school?

1.

2.

3.

Please provide any other information you feel is important for us to know. You may attach additional sheets if necessary.