



2018 TEACHER STATEMENT

This is only for New Campers and if your Camper is in a school or day program

**PARENTS: Please enclose a stamped envelope, addressed to:
Camp I Am Special • 235 Marywood Drive • St. Johns, Florida 32259**

Parental Consent to Release Information (Teacher: Please keep this section for your records)

Student's Name _____

I hereby grant permission for my child's teacher, _____, to release information, diagnosis, description and recommendations regarding my child's disability.

Signature of Parent or Legal Guardian

Date

Teacher Input

Camper's Name _____ Parent's Name _____

The mission of Catholic Charities Camp I Am Special is to provide a residential camp experience for children, teenagers, and young adults who have a disability. The camp is located in Switzerland, Florida on 100 wooded acres adjacent to the St. John's River. Each camper voluntarily participates in activities with guidance from a high school or college student, who is the camper's primary caregiver for the week. For more information, please contact our Ministry Director at (904) 230-7447 or go to our website at www.campiamspecial.com. Our fax number is (904) 230-7465.

1. Describe the student's personality: _____

2. Is this student a behavioral problem at school? _____

3. Does this student have tantrums, scream, or anger easily? If yes, what are the triggers? _____

4. What techniques do you find most effective when dealing with this student? _____

5. How would this student respond to guidance from a teenager rather than from an adult? _____

6. How does this student react to change in routine? _____

7. In what type of setting does this student function best? Individual Small Group Large Group

Examples: _____

8. How long does this student typically attend to a task? _____

9. Do you feel this student would be successful at Camp? Yes No

Why or why not?

Teacher's Name _____ School _____

Signature of Teacher _____ Date _____