

*Social Skill Builder*  
**SUMMER CAMP**

**Application Deadline: May 10**

Applications can be dropped off at St. Claire Pediatric Therapy located in the St. Claire Outpatient Center at 1028 East Main St. in Morehead or at any Rowan County School front office to the attention of Robin Simpson.

**Rising 5th & 6th Graders** - June 24-27 | 9:00 - 11:30 AM

**Rising 1st & 2nd Graders** - July 8-11 | 9:00-11:00 AM

**Rising 3rd & 4th Graders** - June 24-27 | 1:30 - 4:00 PM

**Rising Kindergartners** - July 8-11 | 1:30-3:30 PM

Child's name \_\_\_\_\_ Child's birthdate \_\_\_\_\_

Child's address \_\_\_\_\_

Guardian's name \_\_\_\_\_ Phone number \_\_\_\_\_

Guardian's address \_\_\_\_\_

Additional emergency contact \_\_\_\_\_ Phone number \_\_\_\_\_

Child's diagnoses (if any) \_\_\_\_\_

Child's allergies \_\_\_\_\_

Child's current medications \_\_\_\_\_

Child's primary physician \_\_\_\_\_ Phone number \_\_\_\_\_

Child's grade for 2018-19 (past school year) \_\_\_\_\_ Child's T-Shirt Size \_\_\_\_\_

During 2018-19 school year (past school year) did your child have an IEP and/or 504?  Yes  No

If so, please identify accommodations child received within plan? \_\_\_\_\_

\_\_\_\_\_

Did your child receive school based therapy services (speech, occupational therapy and/or physical therapy)?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Do they currently receive speech, occupational therapy or physical therapy in outpatient clinic and/or home environment?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

In the past, has the child received speech, occupational therapy or physical therapy services (school, community or home)?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_



*Continued on back.*

Child's grade for 2019-20 (upcoming school year) \_\_\_\_\_

Has your child had a vision screen?  Yes  No

Does your child wear glasses?  Yes  No

Has your child had a hearing screen?  Yes  No

Does your child wear hearing aids?  Yes  No

Is your child toilet trained?  Yes  No

Do you give permission for them to be changed and/or taken to the bathroom?  Yes  No

What is your child's primary mode of movement?  Walking independently  Walking with device  Wheelchair  Crawling  Other

If other, please explain. \_\_\_\_\_

\_\_\_\_\_

How does your child communicate?  Verbally  ASL  Communication device  PECS  Body language  Other

If other, please explain. \_\_\_\_\_

\_\_\_\_\_

Has your child ever demonstrated aggressive behaviors toward themselves or others?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child demonstrate "escape behaviors" such as running from you in public places, school, etc.?  Yes  No

Child's personality (check all that apply):

Friendly

Cooperative

Attentive

Willing to try new activities

Plays alone for reasonable amounts of time

Has trouble separating

Easily frustrated/impulsive

Restless

Poor eye contact

Easily distracted

Destructive/aggressive

Withdrawn

Inappropriate behaviors

Self-abusive behaviors

Over active

Frequent mood changes

Describe your child's strengths. \_\_\_\_\_

\_\_\_\_\_

Describe your child's interactions with other children (i.e. school environment, day care environment, or at home with siblings). \_\_\_\_\_

\_\_\_\_\_

Describe your child's areas which need improvement. \_\_\_\_\_

\_\_\_\_\_

Did your child attend the Social Skill Builder Camp in 2018?  Yes  No

Describe your goals for your child in attending this camp. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_