



STATEMENT OF TEACHER OR CASEWORKER

(revised 8/2003)

Your student/client is submitting an application for attendance at Rotary Camp Onseyawa. We need your assistance in the camper selection process by providing as much and as accurate information as you are able regarding this child.

The Rotary Clubs of **Ontario, Seneca, Yates and Wayne** Counties annually provide cost-free summer camping experiences for children with disabilities. Campers attend an overnight session of Rotary Camp Onseyawa at the end of August. The Camp is held at Babcock-Hovey Boy Scout Camp in Ovid, NY. Camp Onseyawa serves campers between the ages of 8-16, with a wide variety of disabilities.

The success of this camp for disabled individuals largely depends upon the camper. Those responsible for selection of eligible campers do not as a rule see the campers until after their arrival at camp. It is exceedingly important therefore, that you answer all the following questions completely and candidly. You may be assured that all information will be kept in strict confidence and used only to help us in selection of campers who might benefit the most from our program and to assist us in providing the most appropriate programs for those who are selected. Upon completion of this form, please return it to the camp office as soon as possible, **BUT NO LATER THAN JUNE 1ST**. Please send the completed form to:

**Rotary Camp Onseyawa
Sandy Ottley
PO Box 614
Geneva, NY 14456
(315) 585-6323**

The selection of campers in an efficient, organized and timely manner will be difficult if this form is incomplete, ambiguous or absent. **The selection committee will not be accepting campers until all forms are received.** We ask you to please take the time to fill out the form and return it, realizing very well that you have many such tasks to accomplish at this time of year. Your cooperation is much appreciated.

Sincerely,

The Selection Committee



STATEMENT OF TEACHER OR CASEWORKER

PART II

Please print or type

Student's / Client's Name _____

CSE Classification: _____ Ratio Students / Staff: _____ % day in Special Education. setting: _____

Type of education program (i.e., center based, resource, regular grade, etc.) _____

I. Motor Ability

- Walks Independently
- Uses brace(s)
- Uses crutch(es)
- Uses a wheelchair

II. Eating Skills

- Eats Independently
- Needs some assistance
- Needs total assistance

III. Dressing Skills

- Dresses independently
- Needs some assistance
- Needs total assistance

IV. Toileting Skills

- Independent
- Needs to be reminded
- Needs some assistance
- Not toilet trained
- Uses catheterization techniques

V. Socialization

- Cooperates with teacher
- Shares / takes turns
- Plays with others
- Aggressive

- Withdrawn / Negative
- Has temper tantrums

VI. Services Received

- Occupational Therapy
- Physical Therapy
- Adaptive Physical Education
- Speech / Language Therapy
- Individual Counseling

VII. Attention Span / Supervision

- Occupies self - unattended
- Occupies self - attended
- Needs constant supervision
- Has 1:1 supervision (note reason below)

VIII. Communication

- Talks in sentences
- Follows simple directions
- Imitates sounds
- Mostly unintelligible
- Unintelligible speech
- Uses alternative mode _____

IX. Behavior Plans (attach copy of plan)

- Uses reinforcers (list below)
- Uses time out (describe frequency and type below)
- Other _____

X. Any frustrating or difficult situations for this child?

*** Please attach current and specific behavior plan ***

Comments / evidence of success with attached behavior plan: (attach additional pages as needed) _____

Other comments and suggestions: _____

Name of Teacher or Caseworker (please print): _____

Signature: _____

School Phone: _____

School: _____

BOCES Program: _____