



JOANNE AND TED LINDSAY FOUNDATION
AUTISM OUTREACH SERVICES
OAKLAND UNIVERSITY

Thank you for your interest in OUCARES Adult Life Skills Camp. Please read through the important information below and return the enclosed paperwork in its entirety to OUCARES. **ALL paperwork listed below must be submitted to OUCARES before your application will be reviewed.** These forms assist OUCARES staff in implementing consistency and routine during the summer months and help us to better plan for instruction. Receipt of application does not guarantee admittance. Admission decisions will only be made once we receive your completed packet of forms.

- ☐ Application Form
- ☐ Release of Information Waiver
- ☐ Most Recent IEP and/or Behavioral Intervention Plan (if applicable)
- ☐ Parent / Caregiver Questionnaire
- ☐ Release and Waiver of Liability and Assumption of Risk Agreement
- ☐ Permission to Dispense Medication Form
- ☐ Emergency Contact and Medical Information
- ☐ Photo, Video, and Audio Release
- ☐ Behavior Code of Conduct
- ☐ Teacher Questionnaire (if applicable, please provide this questionnaire to your participant's primary teacher and have them return directly to OUCARES.)

Participant Assessment: **Once all paperwork is received, if deemed necessary, OUCARES will contact you to schedule a casual assessment with OUCARES staff.** All campers who have an assessment are required to pay a \$50 non-refundable assessment fee that must be paid prior to the day of your participant's appointment. This is a one-time fee and is in addition to the camp fee.

Please feel free to contact OUCARES at 248-370-2424 or oucares@oakland.edu if you have any questions.

Sincerely,

Kristin Rohrbeck
Director

Stephanie Laubach
Program Coordinator

Kerri Budde
Assistant Program Coordinator



Participant Name	D.O.B.	Sex: M F	T-Shirt Size:			
	Age		Child: S M L XL	Adult: S M L XL		
Parent/Guardian Name			Relationship with participant:			
Address		City	Zip Code			
Email Address		Home Phone		(Cell/work)		
Participant Diagnosis:						
Have you participated in OUCARES programs or camps previously?			How did you hear about OUCARES camps?			
The camper to staff ratio I recommend for my participant is: <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1 <input type="checkbox"/> 3:1 <input type="checkbox"/> 4:1						
NOTE: We maintain a 3:1 camper to staff ratio each day of camp						

ADULT Life Skills Camp 9:00am - 3:00pm	
July 15- July 26 (\$650)	<input type="checkbox"/> \$ _____
TOTAL FEES OWED:	\$ _____

Camper Assessments: Once your participant's complete application packet is received, if deemed necessary OUCARES will contact you to schedule a casual assessment with OUCARES staff. There is a **\$50 non-refundable assessment fee** and must be paid prior to the day of your participant's appointment. This is a one-time fee and is in addition to the camp fee. Receipt of application does not guarantee admittance. **Admission decisions will only be made once we receive the completed packet of forms.**

Enrollment: Receipt of application does not guarantee admittance. Admission decisions will only be made once we receive your completed packet of forms. There are a limited number of spaces available and placement is based on a first come first serve basis. Once your participant has been admitted into camp, a non-refundable deposit of \$100 per session **must be returned by May 3, 2019** to secure your participant's placement. This deposit will be applied to your camp payment.

All remaining payments for all registered sessions are due in full by June 3, 2019.

Upon admittance, you will receive an authorization code to make payments online at www.oakland.edu/oucaresstore or you can pay by check payable to Oakland University.

Oakland University

OUCARES, 425 C Pawley Hall, 456 Pioneer Drive, Rochester, MI 48309-4494

Email: oucares@oakland.edu Fax: 248-370-4242

How did you heard about OUCARES?

☐ OUCARES Website ☐ Social Worker ☐ Teacher ☐ Friend ☐ Event ☐ Other _____

Parent/Guardian Signature	Date:
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Joanne and Ted Lindsay Foundation Autism Outreach Services (OUCARES)
Oakland University

Pawley Hall, Room 425 C
456 Pioneer Drive
Rochester, MI 48309

RELEASE OF INFORMATION WAIVER

The Joanne and Ted Lindsay Foundation Autism Outreach (OUCARES), housed in Oakland University's School of Education and Human Services, encourages the exchange of ideas relating to the education and support of individuals with Autism Spectrum Disorders and provides services and support needed to improve daily living.

To better serve the participants involved with our programs, OUCARES would like to contact your teacher or therapist and ask for further information in order to better meet your needs. In order for OUCARES to receive or release any information, written permission must be on file in our office. If you consent to Oakland University and/or OUCARES receiving and releasing your information, then please complete the following for each applicable school, agency, teacher and therapist:

I, _____
(Camper or Parent/Guardian)

Give permission for OUCARES to obtain/release information concerning my child from/to:

(Name of Camper)

(Name of School or Agency) (Teacher or Therapist)

(Phone Number of School or Agency) (Fax Number of School or Agency)

(Camper or Parent/Guardian Signature) (Date)

Parent / Caregiver Questionnaire		Page 1		
OUCARES Summer Camp 2019				
Participant Name:		Date:		
Person Completing Questionnaire:				
The intention of this questionnaire is to identify current skills and evaluate areas of difficulty that we can work on at camp. We understand your child may not be able to do some of the things asked. Please put an asterisk (*) next to any skills that you would like us to concentrate on with your child this summer.				
Response options: 2= usually 1= sometimes/partially 0= never				
A. Comprehension:				
1	Listens to instructions	2	1	0
2	Follows instructions with one action (i.e. bring me the book)	2	1	0
3	Follows instructions with two actions (i.e. sit down and eat your lunch)	2	1	0
4	Follows instructions in "if-then" form (i.e. if you want to play, then put away your books)	2	1	0
5	Listens to a story for at least 15 minutes	2	1	0
6	Listens to an informational talk for at least 15 minutes	2	1	0
7	Reads and understands material of at least second-grade level	2	1	0
B. Self Care				
8	Asks to use the toilet when needed	2	1	0
9	Is toilet-trained during the day	2	1	0
10	Ability to dress oneself	2	1	0
11	Ability to undress oneself.	2	1	0
12	Seeks medical help when needed (i.e. recognizes own feelings of pain, discomfort, illness)	2	1	0
13	Follows directions for special diet or medications	2	1	0
14	Demonstrates understanding of right to personal privacy for self and others (i.e. while using restroom or changing clothes)	2	1	0
15	Zips or fastens clothes when changing or using the restroom	2	1	0
16	Has eating difficulties (eats too fast or too slowly, overeats, refuses to eat)	2	1	0
C. Relating To Others				
17	Recognizes the likes and dislikes of others	2	1	0
18	Keeps comfortable distance between self and others in social situations	2	1	0
19	Plays cooperatively with one or more children for more than 5 minutes	2	1	0
20	Responds appropriately to reasonable changes in routine	2	1	0
21	Chooses not to taunt, tease or bully	2	1	0
22	Avoids others and prefers to be alone	2	1	0
23	Acts overly familiar with strangers	2	1	0
D. Behavior				
24	Chooses to avoid dangerous or risky situations	2	1	0
25	Controls anger or hurt feelings when he or she does not get his or her way	2	1	0
26	Is overly anxious or nervous	2	1	0
27	Is impulsive	2	1	0
28	Has temper tantrums in school/camp setting	2	1	0
29	Is physically aggressive towards self/others	2	1	0
30	Behaves inappropriately at the urging of others	2	1	0
31	Wanders or runs away at times	2	1	0
32	Destroys others or own possessions on purpose	2	1	0
33	Is fearful of ordinary sounds, objects or situations	2	1	0
E. Gross Motor (Note: not all camps will participate in swimming activities)				
34	Has basic swim skills, ie: floating, treads water, breathing	2	1	0
35	Needs one on one supervision in water at all times	2	1	0
36	Understands safety rules in and around the pool	2	1	0

Participant Name:	Date:
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Please check the forms of language your child uses in attempts to communicate:

<input type="checkbox"/>	Gesturing (signals, sign language, waving)	<input type="checkbox"/>	Facial Expressions
<input type="checkbox"/>	Cries	<input type="checkbox"/>	Aggressive behavior towards self or others
<input type="checkbox"/>	Head nod	<input type="checkbox"/>	Vocalizations (non-speech sounds)
<input type="checkbox"/>	Tantrum/Behaviors	<input type="checkbox"/>	Pointing to specific items
<input type="checkbox"/>	Verbal Speech	<input type="checkbox"/>	Echolalic response (repeats what you say)
<input type="checkbox"/>	Actions (grabbing, giving, taking adults hand)	<input type="checkbox"/>	Other

Please explain any checked areas:

Please check the behaviors that your child frequently exhibits:

<input type="checkbox"/>	Irritable, difficult to comfort	<input type="checkbox"/>	Rituals or routines
<input type="checkbox"/>	Upset when touched	<input type="checkbox"/>	Self-stimulation (rocking, hitting self, flapping, etc.)
<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>	Avoids loud areas
<input type="checkbox"/>	Eating Concerns	<input type="checkbox"/>	Inedible objects in mouth
<input type="checkbox"/>	Attention Seeking	<input type="checkbox"/>	Running/Wandering

Please explain any checked areas:

Describe your child's likes (motivators, preferences):

Describe your child's dislikes (words, situations, etc.):

Describe your child's fears:

Describe your child's triggers (transitions, situations, words, topics, etc):

How does he/she handle disappointment or anger?

Parent / Caregiver Questionnaire		page 3
Participant Name:		Date:
Can your child make choices? If so, how?		
Describe how your child most often makes his/her wants and needs known:		
Does your child interact with others? Peers? Family? School Staff?		
What strategies help your child transition from one activity to the next? New situations?		
Does your child exhibit significant responses to taste, touch, smell or hearing? Accommodations at school or home?		
Does your child have tantrums or meltdowns? If so, please describe. Duration? Frequency? Precipitating factors?		
What strategies do you use to calm or refocus your child?		
Describe any safety precautions that need to be in place.		

JOANNE AND TED LINDSAY FOUNDATION AUTISM OUTREACH (OUCARES) PROGRAMS, CAMPS AND EVENTS
RELEASE AND ASSUMPTION OF RISK

For: _____ (Participant Name)

In consideration of being permitted to participate in and/or observe all or any part of the Joanne and Ted Lindsay Foundation Autism Outreach (OUCARES) programs, camps and events (collectively, the "Program"), including without limitation the use of facilities, equipment, grounds and/or personnel and any travel associated with the Program, Participant understands, acknowledges, agrees, represents and warrants that:

(1) **Voluntary Participation.** Participation in and/or observation of all or any portion of the Program is voluntary and Participant may refuse to observe or participate at any time.

(2) **Assumption of Risk.** Participation in and/or observation of the Program or any portion of the Program may involve risks of temporary and/or permanent bodily injury, property damage, death, and other dangers. Participant voluntarily and freely assumes all such risks.

(3) **Health and Safety.** There are no health-related reasons or problems that preclude or restrict Participant from participating in the Program. If Participant is injured during the Program, Participant will report the injury to a Program representative and a representative of Oakland University, and any medical care needed as a result of such injury will be at Participant's expense.

Oakland University and its trustees, officers, employees, students, volunteers, agents, representatives and designees (collectively, the "University") are not obligated to attend to any of Participant's medical or medication needs during the Program, and Participant assumes all risk and responsibility therefore. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding Participant's health, safety and security.

(4) **Personal Responsibility.** Participant is personally responsible for any loss, injury or damage caused or suffered by Participant during the Program. The University does not guarantee Participant's safety or security during the Program. Participant agrees to abide by all rules, regulations, and policies of any organization, entity, person, or facility providing services to Participant during participation in the Program and Participant shall be solely responsible for any damages resulting from their failure to do so.

Participant is responsible for his or her own medical and other insurance, equipment, supplies, personal property, and effects during the Program. Participant will be responsible for asking questions to ensure safety and security during the Program, and will observe all rules, practices, procedures and requests which may be imposed to minimize the risk of injury while participating in the Program.

Participant will reduce the risk of injury by limiting participation to reflect his/her personal fitness or comfort level, and not ingesting or using any substance during the activity which could pose a hazard to Participant or others.

Participant also understands and acknowledges that he or she is required to comply with the University's Student Code of Conduct, Code of Student Rights and Responsibilities and all other University codes, policies, rules and regulations during the Program.

Any Participant who fails to comply with such codes, policies, rules and regulations may be removed from the Program, sent home at his or her own expense and determine if further actions are required at the University's discretion.

(5) **Waiver and Release.** Participant, individually and on behalf of Participant's family, heirs, estate, successors, assigns and personal and legal representative(s), fully, finally, irrevocably, unconditionally and forever **WAIVES, RELEASES, and DISCHARGES** the University, its trustees, officers, employees, agents, and servants, individually and in their official and personal capacities, (collectively, the "Released Parties"), of and from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE PARTICIPANT'S TRAVEL TO, FROM OR DURING THE PROGRAM, OR PARTICIPATION IN AND/OR OBSERVATION OF THE PROGRAM, DELAY, MODIFICATION, CURTAILMENT OR CANCELLATION OF THE PROGRAM FOR ANY REASON, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE AND PARTICIPANT CONSENTS TO, AND RELEASES ANY CLAIMS RELATED TO, THE UNIVERSITY'S USE AND/OR REPRODUCTION OF ANY PHOTOGRAPH AND/OR LIKENESS OF PARTICIPANT IN UNIVERSITY PUBLICATIONS OR OTHER UNIVERSITY MEDIA, ADVERTISING MATERIALS, OR ILLUSTRATIONS.** Participant and/or Parent/Guardian acknowledge and agree that Participant may be interviewed, photographed, recorded and/or videotaped in connection with the Program and the University may use those for its educational or promotional purposes.

(6) **Indemnity.** Participant will **INDEMNIFY, DEFEND and HOLD HARMLESS** the University from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO PARTICIPANT'S ACTIVITIES, ACTS AND/OR OMISSIONS DURING THE PROGRAM, INCLUDING WITHOUT LIMITATION PERIODS OF TRAVEL.**

(7) **Acknowledgement.** Participant and/or Parent/Guardian acknowledges by registering for the Program that he/she has carefully read and understands completely the above provisions and agrees to the provisions of this Release and Assumption of Risk agreement. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made to Participant and/or Parent/Guardian. This Release and Assumption of Risk agreement will be governed by the laws of the State of Michigan which will be the venue for any lawsuits filed under or incident to this agreement or to the Program. If any portion of this agreement is held invalid, such portion will be considered severed from the agreement and the remainder of the agreement will continue in full force and effect.

Participant's Signature: _____ Date: _____

I hereby warrant and represent that I am the parent or legal guardian of the Participant. I am hereby providing permission for him/her to participate in the Program, and agree to be responsible for his/her behavior during the Program. I have read, approved and agree to this Release and Assumption of Risk Agreement in its entirety on behalf of myself and for the Participant.

Parent/Guardian Signature: _____ Date: _____

(01-15-19)

JOANNE AND TED LINDSAY FOUNDATION AUTISM OUTREACH (OUCARES)
PERMISSION TO DISPENSE MEDICATION

I, _____ the parent/guardian of _____
(Print name) (Print name)

("Participant") give permission to the staff of Oakland University and/or OUCARES to administer to the Participant the following medications:

If your child does NOT take medication, please check this box, sign, and return. None: ☐

1. Name of Medication: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Name of Medication: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

ATTACH A SEPARATE SHEET WITH ADDITIONAL MEDICATIONS IF APPLICABLE

I understand, acknowledge and agree that:

- It is my responsibility to give any medication directly to Oakland University and/or OUCARES staff in individual dosage containers, clearly labeled envelopes, or in original prescription bottles;
- Neither Oakland University nor OUCARES staff will dispense any medication unless and until this Permission to Dispense Medication Form is completed in full, signed and submitted to the designated representative for OUCARES;
- The information provided in this Permission to Dispense Medication Form is accurate and complete;
- Oakland University and OUCARES staff will only dispense and store medication as directed in this Permission to Dispense Medication Form;
- I must complete, sign and submit a new Permission to Dispense Medication Form to the designated representative for OUCARES if there are any changes in the types or doses of medications and/or any changes in the instructions for dispensing or storing those medications;
- If the Participant experiences an adverse reaction to the medication, Oakland University and/or OUCARES staff may (but are not obligated to) take any actions they consider to be warranted under the circumstances, including without limitation securing treatment from physicians and/or medical personnel, and I will be solely responsible for payment of any and all charges relating to such treatment;
- The storage and dispensing of medication involves risk of temporary and/or permanent bodily injury, illness, death and other dangers;
- On behalf of myself, the Participant and our respective family, heirs, estate, successors, assigns and personal and legal representative(s), I fully, finally, irrevocably, unconditionally and forever WAIVE, RELEASE, and DISCHARGE the University, OUCARES and their trustees, officers, employees, agents, volunteers, students and servants, individually and in their official and personal capacities, (collectively, the "Released Parties"), of and from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE, ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE STORAGE FOR AND/OR DISPENSING OF MEDICATION TO THE PARTICIPANT, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE; and

Printed Participant Name: _____

- I will INDEMNIFY, DEFEND and HOLD HARMLESS the Released Parties from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE, ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE STORAGE AND/OR DISPENSING OF MEDICATION TO THE PARTICIPANT.

Participant Signature: _____

Date: _____

PARENT/GUARDIAN:

I am the Parent/Guardian of the above-named Participant, who is under eighteen years of age or is legally incapacitated, am fully competent and authorized to sign this Permission to Dispense Medication on the Participant's behalf.

Parent/Guardian Signature: _____

Date: _____

JOANNE AND TED LINDSAY FOUNDATION AUTISM OUTREACH (OUCARES)
EMERGENCY CONTACT AND MEDICAL INFORMATION

Participant Name: _____

Emergency Contact Information

Two emergency contacts for the Participant are required in addition to a parent or guardian.

Parent or Guardian: _____
Name Relation Phone Number

Contact 1: _____
Name Relation Phone Number

Contact 2: _____
Name Relation Phone Number

Doctor's Name: _____ Office Number: _____

Medical Insurance Carrier: _____ Policy #: _____

Medical Information

In order to ensure the safety of all participants, please inform us whether or not you have any medical conditions that we should be aware of:

ALLERGIES (food, environment or supplies such as latex):

MEDICAL CONCERNS AND CONDITIONS (epilepsy, asthma, etc.):

STEPS TO TAKE IN AN EMERGENCY:

Please use an additional sheet if necessary. If you do not have any medical condition(s) we need to be aware of, please indicate NONE on the form.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**OAKLAND UNIVERSITY PHOTO, VIDEO AND AUDIO RELEASE FOR
JOANNE AND TED LINDSAY FOUNDATION AUTISM OUTREACH (OUCARES)
PROGRAMS, CAMPS AND EVENTS**

I, the undersigned Participant, absolutely and irrevocably assign and grant to Oakland University and its Board of Trustees, officers, employees, students, volunteers, agents, representatives and designees, individually and in their official and personal capacities (collectively, the "University"):

- The right to interview, photograph, record and/or videotape me in connection with my participation in any Joanne and Ted Lindsay Foundation Autism Outreach (OUCARES) programs, camps and/or events (collectively, the "Recordings"); and
- All rights, title and interest I currently have or may hereafter acquire, with respect to the Recordings.

I absolutely and irrevocably grant to the University the right and permission to copyright, use, reuse, exhibit, reproduce, distribute, license, sell and publish the Recordings (collectively, "Uses"), in whole or in part, in any and all forms and media including without limitation use on the World Wide Web, now or hereafter, and for any purpose whatever including without limitation illustration, promotion, publicity, art, education, advertising, trade, fund raising, and if appropriate, to use my name, pertinent education and/or biographical facts as the University chooses.

I hereby **RELEASE** and **DISCHARGE** the University and its Board of Trustees, officers, employees, students, volunteers, agents, representatives and designees, individually and in their official and personal capacities, from and against any and all claims, compensation, damages and demands arising out of or in connection with the creation of the Recordings and/or any Uses, including without limitation any and all claims for libel and/or invasion of privacy.

I am at least 18 years of age, am fully competent to sign this Release, have read the foregoing and fully understand its contents. This Release shall be binding on me and my family, heirs, and personal and legal representatives and assigns.

Participant Name (Printed): _____

Participant Signature: _____

Date: _____

PARENT/GUARDIAN SIGNATURE:

I am the Parent/Guardian of the above-named Participant, who is under eighteen years of age or is legally incapacitated, am fully competent and authorized to sign this Release on the Participant's behalf and acknowledge and agree that this Release will be binding on myself, the Participant and our respective families, heirs, and personal and legal representatives and assigns.

Signed by Parent or Guardian: _____

Date: _____



Behavior Code of Conduct

All participants are expected to exhibit appropriate behavior at all times while participating, spectating or attending any program or activity sponsored by OUCARES. Participants shall:

- Show respect to other campers, teachers and the staff.
- Take direction from teachers and staff.
- Refrain from using abusive or foul language.
- Refrain from causing bodily harm to self, other campers, teachers and the staff.
- Show respect to equipment, supplies and facilities.
- Cigarettes, lighters, drugs or alcohol will NOT be allowed on premises.
- Weapons (knives, guns or anything that can be construed as a weapon) will NOT be allowed on premises
- Religious paraphernalia will NOT be allowed. You may wear a personal item if it is discrete (necklace, ring, bracelet).
- Inappropriate sexual items (i.e. clothing, pictures, literature) or references will NOT be allowed at camp.
- If you are suspected of attending camp under the influence of drugs or alcohol, you will be asked to leave.
- Campers are expected to follow this behavioral code of conduct as well as any other rules put in place by the staff.

I, _____, have read and understand the OUCARES Behavioral Code of Conduct. I further understand, that if I engage in any of the above behaviors, I may be asked to leave Life Skills Camp.

Participant Signature

Date

Parent Signature (If under the age of 18)

Date

TLSC18



Questionnaire For Teacher

Your student is applying for our Summer Camp. In order to ensure a successful experience for your student, we are looking for some additional information. Please take a moment to complete this questionnaire. Thank you very much for your time and assistance in helping us provide a consistent and positive experience for all participants.

Student's Name:	Date:
Teacher's Name:	School
Teacher Phone:	Teacher Email:

1. Please briefly describe the student's skills in the following areas by checking every description that would apply.

a. Communication - (Please be specific on communication tools for students who are non-verbal or have limited functional communication.)

<input type="checkbox"/> Communicates Verbally	Please provide specific information
<input type="checkbox"/> Non-Verbally	
<input type="checkbox"/> Communicates using sign language	
<input type="checkbox"/> Communicates using PECS	
<input type="checkbox"/> Other	

b. Use of bathroom

<input type="checkbox"/> Independent in use	Please provide specific information
<input type="checkbox"/> Follows time schedule	
<input type="checkbox"/> In a toilet-training program (describe)	
<input type="checkbox"/> Needs assistance	
<input type="checkbox"/> Must be changed by staff	
<input type="checkbox"/> Other	

c. Eating/feeding

<input type="checkbox"/> Independent in this activity	Please provide specific information
<input type="checkbox"/> Needs assistance in set up (opening packages, cutting food)	
<input type="checkbox"/> Needs assistance feeding	
<input type="checkbox"/> Dietary concerns & precautions (allergies, food consistency, picky eater)	

2. The following is a list of some activities the student will participate in this summer at OUCARES camp. Please include other information in the comment section you think will be helpful concerning these activities

Behavior	Independent	Needs 1:1 Assistance	Verbal Cues Needed	Difficult To	Motivate
Social Skills					
Music					
Arts & Crafts					
Swimming					
Fine Motor Activities					
Gross Motor Activities					

3. Please indicate how often the following behaviors occur and how staff should respond.

Behavior	Never	Sometimes	Often	Explain /Details
Self Abuse				
Scratches, pinches or hits others				
Touches self or others inappropriately				
Impulsive				
Uses inappropriate language				
Inappropriate sexual behavior				
Does not like to be touched				
Prefers to be alone				
Runs away or wanders off				

Describe in more detail any other challenging behaviors including sensory issues we should know about

List any triggers we can watch out for or preventative measures we can implement.

What behavior supports do you implement with this student that are most effective?

Ways to keep the student motivated in an activity, special interests or positive reinforcement?

Please attach any additional information to assist the students success or supports needed (specific communication boards, reward systems, extrinsic motivators, visuals, etc.):

Thank you for taking the time to provide us with this valuable information. Please mail or fax the completed form back to:

OUCARES Program Coordinators: Stephanie Laubach & Kerri Budde

PHONE: 248-370-2424

FAX: 248-370-4242

EMAIL: oucares@oakland.edu

MAIL: OUCARES

456 Pioneer Drive

Oakland University

Rochester MI 48309