OAKLAND UNIVERSITY
Center for Autism - Outreach
OUCARES

Dear Parents and Guardians:

Thank you for your interest in OUCARES Pee Wee 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 for your child 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, IFSP and/or Behavioral Intervention Plan
- ❑ Parent / Caregiver Questionnaire
- ❑ Release and Waiver of Liability and Assumption of Risk Agreement
- ❑ Permission to Dispense Medication Form
- ❑ Emergency Contact 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 will be due at the time of assessment. 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 | Stephanie Laubach | Caroline Gorman |
|---|---|---|
| Director | Program Coordinator | Meadows Coordinator |

OUCARES
425 C Pawley Hall
456 Pioneer Drive
Rochester, MI 48309-4401

OAKLAND UNIVERSITY
Center for Autism - Outreach
OUCARES

# OUCARES 2018 SUMMER
## Camp Program Application Form

| Participant Name | D.O.B.<br>Age | Sex: M F | T-Shirt Size:<br>Child: S M L XL<br>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 child is: ☐ 1:1 ☐ 2:1 ☐ 3:1 ☐ 4:1<br>NOTE: We maintain a 3:1 camper to staff ratio each day of camp | | | |

| **Session Fees and Dates: 9:00am - 3:00pm** | **Pee Wee Ages 3-6** | **Summer Day Camp Ages 7-12** |
|---|---|---|
| ***Please select the camp session(s) you are requesting*** | | |
| Session 1: June 18 – June 29 ($650) | ☐ **$**_____ | ☐ **$**_____ |
| Session 2: July 2 - July 13 (No July 4) ($600) | ☐ **$**_____ | ☐ **$**_____ |
| Session 3: July 16 – July 27 ($650) | ☐ **$**_____ | ☐ **$**_____ |
| Session 4 July 30 – Aug 10 ($650) | ☐ **$**_____ | ☐ **$**_____ |
| TOTAL FEES OWED: | **$**_____ | **$**_____ |

| **Teen Life Skills Camp 9:00am - 3:00pm** | **Ages 11-14** | **Ages 15-18** |
|---|---|---|
| Session 1: June 18 – June 29 ($650) | | ☐ **$**_____ |
| Session 2: July 2 - July 13 (No Session July 4) ($600) | | ☐ **$**_____ |
| Session 3: July 16 – July 27 ($650) | ☐ **$**_____ | |
| Session 4 July 30 – Aug 10 ($650) | ☐ **$**_____ | |
| TOTAL FEES OWED: | **$**_____ | **$**_____ |

**Camper Assessments:** Once your child'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 child'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 your 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 child has been admitted into camp, a non-refundable deposit of $100 per session **must be returned by May 4, 2018** to secure your child's placement. This deposit will be applied to your camp payment.

**All remaining payments for all registered sessions are due in full by June 1, 2018.**

Upon admission, 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.

OUCARES 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: |
|---|---|

OUCARES
Oakland University Center for Autism
425C Pawley Hall
456 Pioneer Drive
Rochester, MI 48309

# RELEASE OF INFORMATION WAIVER

The Oakland University Center for Autism, Research, Education and Support ("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 child's teacher or therapist and ask for further information concerning your child to better meet his or her 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 information regarding your child, then please complete the following for each applicable school, agency, teacher and therapist:

I,_____
*(Parent/Guardian)*

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

_____
*(Name of Child)*

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

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

_____
*(Parent/Guardian Signature)* *(Date)*

| Parent / Caregiver Questionnaire | | | | Page 1 |
|---|---|---|---|---|
| OUCARES Summer Camp 2018 | | | | |
| **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:

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

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

Please explain any checked areas:

Please check the behaviors that your child frequently exhibits:

| | | | |
|---|---|---|---|
| | Irritable, difficult to comfort | | Rituals or routines |
| | Upset when touched | | Self-stimulation (rocking, hitting self, flapping, etc.) |
| | Hyperactive | | Avoids loud areas |
| | Eating Concerns | | Inedible objects in mouth |
| | Attention Seeking | | 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?

**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.

# OAKLAND UNIVERSITY CENTER FOR AUTISM
# RELEASE AND ASSUMPTION OF RISK FOR OUCARES SUMMER CAMPS 2018

**For**: _____ ("Participant")
**Program:** OUCARES Summer Camp 2018 ("Program") **Program Date:** June 18, 2018 through August 10, 2018

The Program may include, without limitation, classroom and non-classroom instruction and activities, recreational activities, use of other Oakland University recreational, educational and other facilities and travel by way of walking, driving, or other forms of transportation.

In consideration of being permitted to participate in and/or observe all or any part of 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, designees and Program representatives (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 at Participant's expense.

**(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 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.

**(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, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE.**

**(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) Signature**. Participant has carefully read and understands completely the above provisions and voluntarily signs 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 obtain Participant's signature. 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, represent and agree that: (i) I am the parent or legal guardian of the Participant who is under the age of 18 or legally incapacitated; (ii) I am hereby providing permission for him/her to participate in the Program on the terms set forth in this Release and Assumption of Risk; (iii) I will be responsible for his/her behavior during the Program and his/her obligations under this Release and Assumption of Risk agreement; (iv) the waiver, release and indemnity provisions in this Release and Assumption of Risk agreement will apply to me as well as to the Participant; (v) I have full authority to execute this Release and Assumption of Risk agreement; and (vi) 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: _____

# MEDICAL INFORMATION

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

**MEDICAL CONCERNS** (epilepsy, asthma, etc): _____

_____

**MEDICATION**

**If your child does NOT take medication please check none, sign and return. None**: ☐
**If your child does take medication, please complete the remainder of the form.**

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:

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

   Dispensing & Storage Instructions: _____

   Possible Side Effects: _____

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

   Dispensing & Storage Instructions: _____

   Possible Side Effects: _____

**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**
- **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.**

_____ _____
Parent or Legal Guardian Signature Date

## EMERGENCY CONTACT INFORMATION

You must have two contacts, **other than yourself,** available for notification purposes in case of an emergency.
**Per Oakland University Policy, any emergency contact or individual picking up your child from camp must be over the age of 18.**

Emergency Contact 1:_____

Name Relation Phone Number

Emergency Contact 2:_____

Name Relation Phone Number

Doctor's Name_____ Office Number _____

Medical Insurance Carrier _____ Policy # _____

"I agree to pay any and all charges which may become necessary during an emergency treatment, and/or pay any and all hospital charges if my child must be taken to the hospital should OUCARES be unable to locate me by telephone at the time of said emergency"

_____ _____

Parent or Legal Guardian Signature Date

## RELEASE INFORMATION

If you would like to permit any additional individuals the ability to pick up your child from camp, please list them below.
**Per Oakland University Policy, the individual picking up your child from camp must be over the age of 18.**

Release Contact 1:_____

Name Relation Phone Number

Release Contact 2:_____

Name Relation Phone Number

**OAKLAND UNIVERSITY**
**PHOTO, VIDEO AND AUDIO RELEASE**

**For**: _____ ("Participant")
**Event:** OUCARES Summer Camp, June 18 - August 10, 2018 ("Event")

I, the undersigned Participant in the Event, 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 the Event; and
- All rights, title and interest I currently have or may hereafter acquire, with respect to interviews, photographs, videos and/or audio recordings made of me and/or by me during the Event (collectively, 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, "Usage"), 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 from and against any and all claims, compensation, damages and demands arising out of or in connection with the creation and/or Use of the Recordings, 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, personal and legal representatives and assigns.

Participant Signature:_____ Date:_____

Witness:_____ Date:_____

**IF UNDER 18 YEARS OLD:**

I am the Parent/Guardian of the above-named Participant in the Event, 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, personal and legal representatives and assigns.

Signed by Parent or Guardian:_____Date:_____

Witness:_____Date:_____

OAKLAND UNIVERSITY
Center for Autism - Outreach
OUCARES

## 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 and the staff.
- Take direction from staff.
- Refrain from using abusive, negative, or foul language.
- Refrain from causing bodily harm to self, other campers, and the staff.
- Show respect to equipment, supplies and facilities.
- Refrain from making verbal threats towards others.
- Refrain from demonstrating physical threats, gestures or actions towards others.
- 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 and reviewed it with my child. I further understand, that if my child engages in any of the above behaviors, my child may be asked to leave OUCARES Summer Camp.

Participant Signature_____ Date_____
(if applicable)

Parent Signature_____ Date_____

OAKLAND UNIVERSITY
Center for Autism - Outreach
OUCARES

# OUCARES

Oakland University's Center for Autism Research, Education and Support

## *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.)

| | |
|---|---|
| ☐ Communicates Verbally | Please provide specific information |
| ☐ Non-Verbally | |
| ☐ Communicates using sign language | |
| ☐ Communicates using PECS | |
| ☐ Other | |

**b. Use of bathroom**

| | |
|---|---|
| ☐ Independent in use | Please provide specific information |
| ☐ Follows time schedule | |
| ☐ In a toilet-training program (describe) | |
| ☐ Needs assistance | |
| ☐ Must be changed by staff | |
| ☐ Other | |

**c. Eating/feeding**

| | |
|---|---|
| ☐ Independent in this activity | Please provide specific information |
| ☐ Needs assistance in set up (opening packages, cutting food) | |
| ☐ Needs assistance feeding | |
| ☐ 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 activates**

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

| Student's Name: | Page 2 |
|---|---|

**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 & Caroline Gorman**
**PHONE:** 248-370-2424
**FAX:** 248-370-4242
**EMAIL:** oucares@oakland.edu

**MAIL: OUCARES**
456 Pioneer Drive
Oakland University
Rochester MI 48309