

# CAMP COAST

## Getting to Know You – Teacher Form

**Behaviors:**

Please have their current teacher complete this form and sign with contact information.

To help protect the personal information of (child's name) \_\_\_\_\_ ,  
 I (parent's name) \_\_\_\_\_ give permission for (teacher's name)  
 \_\_\_\_\_ to provide information for CAMP COAST in guiding their  
 decision as it relates to acceptance into the CAMP COAST Summer Camp program.

Upon completion of this form, please return to either:

- 1.) The child's parent
- 2.) Send directly to the YMCA of the Suncoast, 1005 S Highland Ave, Clearwater FL 33763, attn.: Vickie Shire

Please indicate how often, if ever, your student demonstrates the following behaviors within the regular school week and what your response would be. We must have accurate information on behaviors please.

<u>Behavior</u>	<u>Never</u>	<u>Seldom</u>	<u>Often</u>	<u>How you Respond</u>
Bite Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scratch, pinch, hit self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bang their head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scratch, pinch, hit others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grab other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Touch other inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throws things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gets into personal belongs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runs away/wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Climbs on furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses inappropriate language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spits on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dumps liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Takes clothes off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please describe in more detail these behaviors or any other behaviors that may occur during the school day.

**Behavior:**

Example: Throws an object

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**Consequence:**

Have child pick up the object and put it away

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**Emotional Responses:** Please check all those that describe your student

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|---|--|
| <input type="checkbox"/> Prefers to be alone          | <input type="checkbox"/> Clings to other people        |
| <input type="checkbox"/> Does not like to be touched  | <input type="checkbox"/> Gets upset by routine changes |
| <input type="checkbox"/> Cries for no apparent reason | <input type="checkbox"/> Laughs for no apparent reason |
| <input type="checkbox"/> Bothered by excessive noise  | <input type="checkbox"/> Other: _____                  |

Please list things that scare or upset your student:

_____	_____
_____	_____
_____	_____
_____	_____

Please describe what helps to calm down your student when he/she is sad, hurt or otherwise upset:

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Teacher's Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_