

## SCHOOL REPORT

This form is to be completed by the child's classroom or special education teacher. This report is for Elks Camp Grassick use only.

### Identifying Information:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please define and describe this child's diagnosis, disability or special need:

Present School Attending: \_\_\_\_\_

Will child attend this school next year? \_\_\_\_\_ If no, where will they attend? \_\_\_\_\_

Name/Title of Person Completing School Report: \_\_\_\_\_

Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Classroom: \_\_\_\_\_ Grade: \_\_\_\_\_

Principal: \_\_\_\_\_ School's Telephone #: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

### Personal Care Information:

#### 1. Level of Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Elks Camp Grassick**  
**PO Box F, Dawson, ND 58428**  
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**campgrassick@gmail.com**

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2. How would you describe the student's general hygiene and grooming skills?

3. Does this child wear an incontinence product at any time?

4. Does this child have any special dietary needs? If yes, please explain.

5. Is this child receiving any of the following services in school or in the community?

Speech/Language Therapy    OT    PT    Reading Intervention    Counseling    Other

**Social and Emotional Information:**

1. Personal Traits: Please describe this child's maturity level, self-esteem and level of independence in the school environment.

2. Discipline: Are there any discipline or behavior management programs currently being used in the school that seem to work well with this child?



8. Relationship to Peers: How does this child get along with peers? What kind of relationships does the student have? Are they consistent with those of same age peers? Do they relate to children older or younger?
  
9. Does this child have any repetitive behaviors, stims or tics? If yes, please describe.
  
10. Does this child have any behaviors or physical outburst?  
If yes, what sets off their behavior? Is there anything that escalates the behavior? What does the behavior look like? How long does a behavior typically last? How often does the child exhibit these behaviors? Is there anything that deescalated the behavior? What calms them down?
  
11. Are there any behavior plans or therapeutic practices that work with the child that we should continue at camp? If a behavior plan is in place, please attach.

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12. Please list a few interests or hobbies of this child.

13. How easily do you feel that this child could adjust to being away from home and in a camp environment?

14. Is this child receiving any of the following services in school or in the community?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Reading Intervention    | <input type="checkbox"/> Counseling           | <input type="checkbox"/> Other _____      |

Please include any additional, pertinent information about this child that the Camp Grassick staff should be aware of.