

Camp Akeela – Camper Application – Supporting Materials

Part I – Parent Questionnaire

We do our best to ensure that Camp Akeela will be a great fit for your child. To that end, please be as open and honest as possible as you answer these questions. Don't hesitate to reach out with any questions!

Camper First and Last Name _____

Camper's Current School Grade _____

Parent First and Last Name _____

We are most likely interested in (circle one):

First Session

Second Session

Flexible or unsure

1. It's typical for children to feel uncertain about attending Camp Akeela for the first time. Participating in this application process, watching videos, and reviewing our website will hopefully help! Once campers arrive at Camp Akeela, they have to be motivated to participate in the program, including less preferred activities. As things stand today, what are your child's feelings about attending Camp? How motivated are they to attend?

2. Has your child ever attended camp? Have they spent the night (or longer) away from home? What was that experience like for them?

3. What would make this summer a success for your child? What do you hope they accomplish at Camp Akeela?

4. What are your child's favorite activities at home, at school and in the community?

5. How would you describe your child's interactions with their peers? How do peers respond to them?

6. What situations (socially or otherwise) are particularly challenging for them to navigate?

7. Successful Camp Akeela campers can navigate camp life (eg. hygiene, social emotional relationships, participation) without consistent 1:1 support from a staff member. How confident are you that your child can do so?

8. What type of adult support does your child need to regroup and rejoin after a difficult moment, and how long does it typically take for them to move forward?

9. How frequently is this type of support, intervention or redirection necessary?

10. How does your child respond to requests from parents/guardians or teachers? (ie. How well do they follow rules and expectations?)

11. Sleepover camp involves communal living and sharing space. Campers at Akeela must be able to maintain a schedule that is respectful to their bunkmates, which means remaining quiet before 7:30am wake up and settling down for bedtime (which varies by age, typically in the 8:45 - 9:30pm range). Do you have any concerns about your child's ability to maintain an appropriate sleep schedule at camp?

12. Does your child have a history of verbal or physical aggression, destructive or self-injurious behavior? If so, please describe the circumstances, frequency and how long it's been since you have seen this behavior. What have been the most effective interventions?

13. What special services, if any, does your child receive at school? (e.g. special education classroom, academic support, one-to-one aide, speech/language, social/emotional support)

14. If your child sees a psychologist or mental health professional, how often do they meet? For how long has your child been working with this professional? In your opinion, how successful has the treatment been?

15. Does your child have any special health, hygiene, or dietary needs (including allergies)?

16. Is there anything else you'd like us to know about your child?

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Part II – Permission for the Release of Information

The purpose of this form is to give us permission to receive information from other professionals who work with your child. This allows us to better know your child during the application process and helps us determine whether or not Camp Akeela will be a good match for him/her/they. In addition, should your child attend Akeela, we will have the opportunity to communicate with those who know your child best throughout the summer. We will also be happy to share information about their camp experience with these same professionals once the summer is over.

IMPORTANT: Please ask each of the people listed below to complete the **Professional Questionnaire** portion of our online application on your child's behalf. After receiving their written questionnaires, we will follow up with them as needed.

I, the undersigned, do hereby give my permission for Camp Akeela and the following list of agencies or individuals to share information about my child:

Camper Name _____

Camper's DOB _____

Professional 1 (*School Professional*)

Name _____

Professional Title _____

Length of Relationship _____

Email _____

Phone _____

Address _____

Professional 2 (*Mental Health Provider, if applicable. If none, provide information for another professional who works with your child*)

Name _____

Professional Title _____

Length of Relationship _____

Email _____

Phone _____

Address _____

Professional 3 (*A third professional who works with your child*)

Name _____

Professional Title _____

Length of Relationship _____

Email _____

Phone _____

Address _____

I understand that this information will be kept confidential by Camp Akeela and will not be released to any agencies or parties not listed above without further consent.

Parent / Guardian Signature _____

This form can be scanned & emailed to info@campakeela.com or faxed to 866-462-2828

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Part III – Camper Questionnaire

Please complete this form to help us get to know you and your feelings about potentially attending Camp Akeela.

Your Name _____

In the space below, please share your thoughts and feelings about coming to Camp Akeela this summer:

Please tell us three things you are looking forward to at camp:

Please tell us three things you are NOT looking forward to at camp:

What makes you act:

Happy: _____

Angry: _____

Scared/Worried: _____

How do you feel about living in a bunk with 6-8 other kids? (You'll have your own bed and cubby for your belongings, and you'll share a communal bathroom with private toilets and showers. You won't have your own room with a door to close when you're feeling upset or overwhelmed.)

Is there anything else you'd like us to know about you?

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Part IV – Professional Questionnaire

You have been asked to complete this form because of your professional relationship with a child who has applied to our summer camp program. (We have already obtained parental consent for our communication.) **If you would prefer to speak with us by phone, please call us at 866-680-4744 or email info@campakeela.com**

Camp Akeela is an overnight camp community in Vermont for children who need support in their social skill development. Our mission is to provide campers with a summer filled with fun, friendship and personal growth. You can learn more about the profile of campers who are successful at Akeela on the [About Our Campers](#) page at campakeela.com. Thank you!

Camper Name _____

Your Name _____

Your Email _____

In what capacity do you interact with/observe this child?

How frequently do you interact with/observe this child? How long have you been working with them?

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What do you find most enjoyable about this child?

How would you describe this child's interactions with their peers? How do peers respond to them?

What situations (socially or otherwise) are particularly challenging for them to navigate?

Successful Camp Akeela campers can navigate camp life (eg. hygiene, social emotional relationships, participation) without consistent 1:1 support from a staff member. How confident are you that this child can do so?

What type of adult support does this child need to regroup and rejoin after a difficult moment, and how long does it typically take them to move forward?

How frequently is this type of support, intervention or redirection necessary?

To your knowledge, has this child ever been aggressive, self-injurious, threatened or idealized about suicide?

Do you envision this child being successful in a residential, socially immersive setting, without the "comforts of home", knowing they will be around a like-minded peer group and have scaffolded support from a well-trained seasonal staff?

Is there anything else you'd like to share with us about this child?
