



Dear Parents or Guardians,

Camp Connect is a summer day camp program for children with autism ages 5-12. The camp theme is *A Minecraft Adventure at Camp Connect!* The purpose of Camp Connect is for children with autism to have fun while connecting with other children who may or may not have autism. Each child with autism will be paired with a peer mentor (with similar interests and age) and a behavior technician student to maximize success. The number of campers will be limited to 10 children with autism and 10 children without autism each week, so please apply early. Each camper with autism will leave camp with an overview of performance and a support plan for extending the activities into the home or school setting. Please complete the attached application and **return** it by **June 1st, 2015**.

Camp Connect is sponsored by the University of Arkansas Autism/Applied Behavior Analysis Programs, and Project Connect. Camp is provided at **no cost** to families.

Camp Connect IMPORTANT information:

Where: Week 1-University of Arkansas, 410 Arkansas Ave. (Advanced Learners)

- **Campers and peer mentors will be immersed in the Minecraft experience. They will be able to play the game in a computer lab on campus, develop social skills and enjoy themed activities.**

Week 2-University of Arkansas, Jean Tyson Child Development Study Center (Intermediate Learners)

- **Campers and peer mentors will be participating in a looser version of Minecraft. They will get an introduction to the game, learn about farm animals and participate in whole group activities (crafts, games, ect.).**

When: July 14-17 (Advanced Learners) from 1:00pm-4:00pm and July 20-July 23 (Intermediate Learners) from 1:00-4:00pm.

Prior to camp, we will send you another packet that includes:

- Daily camp schedule
- Tips for camp
- Social story to help prepare for the camp experience

If you need a hardcopy of the application mailed to your home, please send an email to projconn@uark.edu or call 479-575-3215.

Thank you,

Hollie Lawless
Project Connect Program Coordinator
University of Arkansas, Fayetteville, AR



Camp Connect Summer Camp Registration 2015

July 14-17 (Advanced Learners) and July 20-July 23 (Intermediate Learners)

(Registration deadline is June 1st)

<input type="checkbox"/> Male <input type="checkbox"/> Female				
Camper's Name:		DOB:	Age:	Grade:
T-Shirt Size Youth: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
Name(s) of Parent(s)/Caregiver(s):				
Address:		City:	State:	Zip:
Home Phone:		Cell Phone:	Email:	
Camper Information				
Diagnoses: <input type="checkbox"/> High Functioning Autism <input type="checkbox"/> Asperger Syndrome <input type="checkbox"/> Autism <input type="checkbox"/> PDD NOS				
<input type="checkbox"/> Communication Disorder (please specify) _____				
Additional related diagnoses:				
<h3 style="margin: 0;">Camp is FREE. No charge.</h3>				
<p>Please Note: The registration deadline is June 1st for priority placement. Your child will be paired with a peer mentor based on similar interests.</p>				

**Camp Connect 2015
CAMPER PROFILE**

Camper's Name	DOB	Date	
<i>Please complete the following sections and provide as much detail as possible. This information will help us create a successful experience for your child.</i>			
Please check all items that apply to child's present health. Thoroughly explain any checked answers.			
ALLERGIES (list below): <input type="checkbox"/> No known allergies			
<input type="checkbox"/> Food (include any dietary restrictions):			
<input type="checkbox"/> Insects/Plants:			
<input type="checkbox"/> Medicine Allergies:			
Treatment for any of the above that Camp Connect may need to perform.			
<input type="checkbox"/> Epi Pen **Doctor's order required**			
<input type="checkbox"/> Other:			
Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the medications below, Please indicate if a medication must be administered at camp. If yes, **a doctor's order is required** .			
<input type="checkbox"/> Admin at camp		Time:	
<input type="checkbox"/> Admin at camp		Time:	
<input type="checkbox"/> Admin at camp		Time:	
Physical limitations: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
Recent history of hospitalization or other important information for Camp Connect to know:			
<i>Please complete the following information in the event that an emergency arises and we must contact you. Include information about how to reach you or another designated person during camp.</i>			
Emergency Contact Name	Relationship	Work Phone	Cell Phone
Emergency Medical Information			
Name of Physician:		City:	Phone:
Hospital of Choice:			
<i>In case of emergency, I understand that every effort will be made to contact me or the contact people listed above. If I cannot be reached, I understand that staff will use a standard 911 protocol.</i>			
Signature of parent/guardian:			Date:
Printed name of parent/guardian:			

Camper's Name:

Past Camp Experience (if YES, Please Specify):

Child's Likes: (favorite movies, characters, foods, games, music...etc)	Child's Dislikes: (sounds, smells, touch, movement, foods etc...)

Does your child use any of the following strategies?

- | | | |
|--|---|--|
| <input type="checkbox"/> Visual schedules | <input type="checkbox"/> Social Stories | <input type="checkbox"/> Conversation Scripts |
| <input type="checkbox"/> Choice Zone Worksheet | <input type="checkbox"/> Problem Solving Worksheets | <input type="checkbox"/> Contingency Mapping |
| <input type="checkbox"/> Thera-tubing | <input type="checkbox"/> Fidgets: _____ | <input type="checkbox"/> Headphones: _____ |
| <input type="checkbox"/> Chewing Gum | <input type="checkbox"/> Brushing Protocol | <input type="checkbox"/> Weighted Blanket/Vest |
| <input type="checkbox"/> Relaxation Protocols: _____ | <input type="checkbox"/> Joint Compressions | |
| <input type="checkbox"/> Other: | | |

Please describe your child's skill level:

	Complete Assistance	Partial Assistance	Independent	Comments:
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not yet trained –please tell us your child's habits and required supports so we may ensure his/her comfort and privacy.
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

My child exhibit the following behaviors:

- | | | |
|--|--|--|
| <input type="checkbox"/> Runs away | <input type="checkbox"/> Touches other inappropriately | <input type="checkbox"/> Scratches, bites, hits self |
| <input type="checkbox"/> Scratches, bites or hits others | <input type="checkbox"/> Screams | <input type="checkbox"/> Other: |

Does your child exhibit any of the following? If yes, please describe.

Self-regulation behaviors? Yes No _____

Repetitive play or rituals? Yes No _____

Reaction to change? Yes No _____

How do you respond to these actions?

When my child gets anxious she/he:

When my child is excited she/he:

When my child gets frustrated she/he:

Camper's Name:

EMOTIONAL DEVELOPMENT

Does your child:	Independent	With help	Not yet	Comments
Request a break when upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Express feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicate relaxation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Request assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicate likes/dislikes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Express confusion ("I don't know")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SOCIAL DEVELOPMENT

Does your child:	Independent	With help	Not yet	Comments
Engage in solitary play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Play same toy along side peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engage in group play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Share materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turn take with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMUNICATION *Circle one:* **Verbal** **Non-Verbal**

Does your child:	Independent	With help	Not yet	Comments
Follow non-verbal directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow verbal directions within familiar routines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow verbal directions within novel activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilize visual supports to follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Require processing time to follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use pictures/sign/ or other augmentative communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comment on environment or the unexpected (oops!)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Make requests for basic wants and needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Call attention to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Converse with peers/ adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Call attention to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Converse with peers/ adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Camper's Name:				
Does your child:	Independent	With help	Not yet	Comments:
Make transitions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognize personal belongings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organize needed materials for outings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Make choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wait when directed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Adapted from Kathleen Ann Quill's Assessment of Social and Communication Skills for Children with Autism

Please describe your child socially. Include age of peers he/she enjoys; interests; games enjoyed; activities enjoyed; speaking style; etc.

Please describe your child's communication, including any strategies that are helpful to assist in your child's comprehension.

Camper's Name:

Please attach a photo of your child here. (optional)

Please add any comments you feel staff should know and areas of concern for supporting your child at camp. We host campers of all abilities and the more information we have, the better prepared our staff will be to ensure your child has a positive and fun experience.



**Summer Camp 2015
PERMISSION TO PHOTOGRAPH**

Participant:	DOB:
<p>Thank you for your interest in Camp Connect. We are always striving to provide the best in innovative and meaningful programs designed for children with autism spectrum disorders, and to provide the highest quality support and education for parents and professionals. In this spirit, we are pleased to be able to be a training site for students and professionals throughout our community.</p> <p>To ensure a productive and enjoyable experience for both students and educators, we are adopting an OPEN PICTURES POLICY. Children attending groups and camp may have their pictures taken throughout the day. In addition to using photos and videos for training purposes, please be advised that photos may be used for program development and marketing purposes, including but not limited to newspaper articles, television promotion, brochures, social media (Facebook, etc.) and other Camp Connect marketing vehicles.</p> <p>Thank you for your cooperation with this policy and willingness to share your child's experiences.</p> <p>We must have your signature for camp participation. Thank you.</p>	
Signature of parent/guardian:	Date:
Printed name of parent/guardian:	



Summer Camp 2015
PERMISSION FOR RESTRICTIVE PROCEDURES

Participant:	DOB:
<p>Camp Connect uses evidenced-based strategies that are designed to establish a supportive and safe environment that will prevent your child from having behavioral difficulties. However, there may be rare occasions when the physical safety of the child, other participants, and staff is at risk. When this type of incident occurs it may block the response so the child does not hurt themselves or others. If it is necessary to move your child to a safe area before s/he has regained control, two staff will use an approved escort procedure. These procedures are carried out in a calming, supportive, and non-punitive manner. You will be notified when you pick up your child of the intervention so that you can assist staff in processing the incident and supporting your child.</p>	
<p><i>I understand that the above procedures will be implemented only for the purpose of safety and control and in accordance with the stated guidelines. I authorize that the seated wrap or two person escort will not compromise the medical safety of my child.</i></p>	
Signature of parent/guardian:	Date:
Printed name of parent/guardian:	



Summer Camp 2015 PERMISSION TO PICK UP CHILD

Child:	DOB:		
Parent:	Date:		
Address:	Phone:		
<p>Please complete the following information in the event that someone other than yourself may pick up your child from Camp Connect. You must notify us in advance of who will be picking up your child. Please note that we may ask that person to present identification to verify their identity before releasing your child to her/him</p>			
Name	Address	Relationship	Phone #
Signature of parent/guardian:			Date:
Printed name of parent/guardian:			

Signature of parent/guardian: _____ Phone #: _____

CAMP CONNECT DEADLINE INFORMATION
Please keep this page for future reference

June 1st, 2015 DEADLINE FOR ALL CAMP REGISTRATIONS

July 14-17(Tuesday-Friday), 2015
Advanced Learners
1:00pm-4:00pm

July 20-23(Monday-Thursday), 2015
Intermediate learners
1:00pm-4:00pm

Email completed application to projconn@uark.edu or mail to:
University of Arkansas
ATTN: Project Connect Rm 301
401 Arkansas Avenue
Fayetteville, AR 72701

If you have any questions you can email Project Connect at projconn@uark.edu. You can also call 479-575-3215.

Camp Connect Interest Inventory

Name: _____ Date: _____

1. Who or what is your favorite?

- Movie: _____
- TV Show: _____
- Kind of music: _____
- Candy: _____
- Videogame: _____
- Book: _____
- Food: _____
- Animal: _____
- Superhero: _____

2. What is your favorite sport to watch? _____

Play? _____

3. Do you collect anything? What? _____

4. What do you do in your free time?

5. What do you like to do at school?

6. Are in involved in any activities outside of school?

7. Do you have a pet? Tell me about it.

8. What are 3 things you do pretty well?

9. Tell me two things you DO NOT like to do:

10. Three things I wish you knew about me:

Thank you so much!
Can't wait to see you at Camp Connect!