

## Teacher's Input Page

CHILD'S NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MIDDLE

CHILD'S AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

**How has parental communication helped you in planning appropriately for this child's programming?**

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**Please identify this child's strengths.**

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**Please identify the challenges that you face most with this child.**

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**What are some motivators that have worked when helping this child to manage his/her behavior?**

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**How does the child get along with peers?**

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**Would you please comment on the following areas as they pertain to this child?**

Communication Skills \_\_\_\_\_

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Fine and Gross Motor Skills \_\_\_\_\_

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Social Interaction Skills \_\_\_\_\_

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**What advice would you offer a camp counselor who will be working with this child?**

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**Please add any other comments that you believe would be helpful in planning a successful program for this child.**

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