



Dear Parent or Guardian,

Thank you for your interest in the 10th annual You B You Social Skills Day Camp brought to you by the Marcus Autism Center/ Children's Healthcare of Atlanta, June 4th – 22nd, 2018.

The focus of social skill instruction will be to encourage participation and foster social interactions with same age peers while having fun and getting a true camp experience! Campers will have the opportunity to learn and to practice these skills in a supportive environment while swimming, playing interactive ball games, and going on field trips alongside their peers. Camp opportunities are available within the YMCA's general day camp program, as well as their art camp if your camper has those interests or would do better in a smaller environment.

The following application must be completed for each child to attend camp. We will continue to accept applications until all slots are filled with appropriate candidates on a first- come, first-served basis or by May 7th as indicated below. Space is limited and often fills quickly. A phone screen and an in-person intake will be scheduled once applications are received in efforts to ensure that all You B You campers will be successful in this environment, and that participation in the camp program social skill instruction is appropriate for each camper's skill levels.

Campers must be between the ages of 5 and 12 years at the time of camp and must be completely toilet trained. For camp programming to be appropriate and to foster successful camp experiences for each camper, campers must be able to function in groups with a 4:1 child to adult ratio; able to tolerate large group settings (age groups are 5-12, whole camp assemblies are over 100) which can be noisy (ex: crowded gym, group athletic games); able to respond to instructions given to a group; and able to respond vocally to questions speaking in phrases and/or sentences consistently. Finally, to ensure safety of all campers, dangerous or significant behaviors are not able to be accommodated, especially aggressive behaviors, running away, or socially stigmatizing or offensive behaviors.

Supportive camp services will be provided from 9:00am - 4:00pm each day (Monday through Friday) at the YMCA in Decatur. After care is offered via the YMCA for those children who are able to be successful in a large-group and mainly unstructured environment; no Marcus staff is present outside of the 9am-4pm time frame. Participation in after-care services is monitored by YMCA staff and administration only.

Camp cost: \$775 for 3-weeks. Once notified of your child's acceptance to the camp, payment in full is due before May 21st, 2018. Failure to remit payment by this date will result in camper slot being released to the waitlist. Payment after this date is non-refundable.

Applications are due by **Monday May 7th, 2018**

Interviews / Observation dates will be scheduled once applications are received

Applications can be submitted via mail, fax or e-mail to:

Marcus Autism Center

Attn: Michelle Denney

1920 Briarcliff Rd

Atlanta, GA 30329

Phone: 404-785-9437; Fax: 404-785-9055

Email: Michelle.Denney@choa.org

We look forward to working with you and your child! Let me know if you have any questions or concerns I can address.

Lisa M. Cymbor, MA, BCBA – Camp Coordinator/Interim Program Manager of School Consultation Program

Lisa.Cymbor@choa.org

Camp You B You Summer Social Skills Day Camp Application

Camper's Full Name _____

Nickname _____ Date of Birth _____

Age _____ Sex: Male _____ Female _____ Height _____ Weight _____

Your Name _____ Are you the legal guardian of this child? _____

Relationship to child: _____

Address _____

City _____ State _____ Zip _____

Email Address: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

For our follow-up phone interview/screener, which of the phone numbers listed above is most preferred?

Please check best time of day to be reached for a pre-camp phone interview/screener:

___ Morning ___ Early Afternoon ___ Late Afternoon ___ Early Evening

Camper's Primary Diagnosis

_____ Autism Spectrum Disorder _____ Developmental Delay

_____ Other _____

Additional Conditions – Please check all that apply to the camper:

_____ Cognitive Impairment _____ Seizure Disorder
_____ Visual Impairment _____ Seizures currently managed with medication
_____ Hearing Impairment _____ Past history of seizures; last seizure _____
_____ Cerebral Palsy _____ Dietary Restrictions
_____ Allergies _____ Medications

_____ **Other (please specify):** _____

Please describe any conditions/restrictions listed above. Feel free to attach documentation:

How did you hear about Camp You B You?

___ Internet ___ Previous camper ___ Marcus provider/referral ___ Other: _____

Has your child previously received services from Marcus Autism Center? If so, what services:

_____ LLC ___ Severe Behavior _____ Parent Training _____ Feeding Other: _____

This year, You B You campers have the opportunity to attend General Day Camp or Art Camp. All of the YMCA camps include a variety of camp activities depending on which camp your child attends. Specific camps include:

- General Day Camp [ages 5-12]: swimming, outdoor and indoor group games/activities, and optional Friday field trips both on and off premises.
- Art Camp [ages 5-9]: art projects, some access to indoor/outdoor camp games/activities, swimming, and Friday art shows; Art Camp consists of less outdoor activities and less large group activities than general day camp.

Note: All camps are full day programs. Campers will need to bring lunch and snack; no lunches will be provided and heating of lunches is not possible.

Please rank your preference of camps for your child. If any camp is not an option, please do not include in the ranking. (1 = most preferred, 2 = 2nd choice, blank = not considering)

_____ General Day Camp _____ Art Camp

Is your camper able to swim independently? Yes No

If No, note swimming level:

- _____ With life vest/flotation devices and 1:1 assistance from counselor;
- _____ Can stay afloat, needs constant, direct supervision
- _____ Some swimming ability, must be able to touch the bottom or hold sides;
- _____ Swimmer, in shallow end only

This camp takes place during the month of June when outdoor temperatures and sometimes temperatures within the gym are high. Do you feel that your child can safely participate in these activities?

(Circle your response) Yes No

Per YMCA camp rules especially for swimming, all campers MUST be toilet trained and not be using pull-ups or diapers of any kind during the camp day. Please mark the statement that best describe your child.

- Fully toilet trained: (will request to go and is independent in all bathroom tasks including wiping, dressing, and handwashing)
- Needs help with some bathroom tasks but will request and go
- Is on a toileting schedule; What is the schedule? _____
- Has some accidents occasionally How often do they occur? _____

CAMP PARTICIPATION

Has your child attended a camp before (in the last 2 years)? If so, when and how long were the sessions attended? _____ No _____ Yes (answer below)

1. Camp Name _____ Duration of Camp _____
Day Camp or Sleepaway? _____ Was camp Inclusive? Y or N
2. Camp Name _____ Duration of Camp _____
Day Camp or Sleepaway? _____ Was camp Inclusive? Y or N
3. Camp Name _____ Duration of Camp _____
Day Camp or Sleepaway? _____ Was camp Inclusive? Y or N

Please respond to the following questions about your camper's willingness to participate in camp activities by circling Yes or No. Please add any additional information.

1. Does your camper willingly participate in group activities with peers? Yes No
explain (if needed): _____
2. Does the camper share toys with and take turns with other children? Yes No
explain (if needed): _____
3. Does the camper respond to instructions given to a whole group and not directed at him/her specifically? Yes No
explain (if needed): _____
4. Does the camper play games with rules appropriately? Yes No
explain (if needed): _____
5. Does the camper tolerate situations when they are not the winner of a game? Yes No
explain (if needed): _____
6. Does the camper like to watch movies in a theater or large gym setting? Yes No
explain (if needed): _____
7. Can the camper tolerate large group, noisy settings (ex: lunch in the gym)? Yes No
explain (if needed): _____
8. Does the camper wait in line appropriately? Yes No
explain (if needed): _____
9. Does the camper participate in structured group activities for up to 45 minutes? Yes No
explain (if needed): _____

10. Are there any camp situations that you are concerned about? Please explain:

EDUCATIONAL PLACEMENT AND SERVICES

What is your child's current educational placement? (indicate by circling one)

Gen Ed Gen Ed/Inclusion Gen Ed/ Co-Taught
 Some Inclusion/Resource SPED
 Other (describe) _____

Does your child have a dedicated 1:1 paraprofessional/shadow at school? Yes No

Does your child participate in any extra-curricular or community based activities (ex: boy/girl scouts, sports leagues/teams, school/community clubs)? Yes No

SCHOOL BEHAVIOR INTERVENTION

Does your child have a behavior intervention plan (BIP) for use at school? Yes No

If Yes, describe target challenging behaviors and intervention strategies that are outline in the BIP. Feel free to attach.

Are these intervention strategies successful in the school setting to minimize behavior difficulties?

Yes No Somewhat

Do you see the same behaviors in the home or community settings?

Yes Yes, but more frequently Yes, but less frequently
 No problem behavior at home
 Different behaviors at home

HOME/COMMUNITY CHALLENGING BEHAVIORS

For your child's safety and to maximize successful social skill development we must have accurate information about your camper's behaviors and how to respond to them. Please describe any challenging behaviors your camper may display in the home, school, or community environments. Please be sure to indicate any aggressive behavior (to self or others), disruptive/destructive behavior, dangerous behavior (i.e., climbing, running away), or any other behaviors that may offend others children (e.g., use of inappropriate language).

Behavior	Setting most likely to trigger these behaviors	How often does this occur per day?	What you do when this occurs?	Are your attempts to manage the behavior successful?

What are the top 2 things that appear to scare or upset your child? For example, changes in routine, loud noises, large groups, not winning the game, etc. Also, please describe how they respond when upset (e.g., scream, hit others, run away, cry, etc.):

1. _____
2. _____

Describe what helps to calm your child when he/she is sad, hurt, afraid, or otherwise upset:

Please complete the following sections regarding your child's levels. This is a camp dedicated to improving social skills in the areas of appropriate activity participation and social engagement (in other words, communication) with peers. We will use this form as well as follow-up interviews as needed to determine if your child's skill levels are such that make this type of instruction appropriate.

COMMUNICATION

The social skill instruction aimed at increasing skills in social engagement with peers requires that Camp You B You campers demonstrate vocal communication skills to at least respond to questions with sentences or phrases, make statements, and make/responds to questions.

How does your camper communicate with others? (check the one that applies to your child)

- Uses complete sentences most of the time with reciprocal (back and forth) conversation with others

- Mainly uses short 2-3 word phrases but does engage in reciprocal (back and forth) conversation with others

- Mainly uses single words to respond to conversational attempts from others

- Engages in reciprocal conversation (back and forth) conversation using sign language or an alternative communication device _____
- Uses sentences and/or phrases but only communicates wants (e.g., requests) with limited or no reciprocal (back and forth) conversation with others

- Is non-verbal and does not often communicate with others without direct prompting or teaching

INDEPENDENCE

This camp is a full inclusion camp immersed within a typical day camp with numerous children attending each day. Although fully immersed within day camp groups of 10-12 campers, You B You campers will have additional, trained support personnel to foster learning of social skills with approximately 3-4 You B You campers per Marcus Autism Center Counselor; Campers must be able to function *without* 1:1 support. Please mark the statements that best describe your child's level of independence in group settings (example: school, extra-curriculars, birthday parties, etc.).

- Camper can function totally independently in all or almost all settings with minimal support with his/her neurotypical peers.
- Camper can function independently for short periods of time and with support in a group setting with 1 staff and 10-15 other campers.
- Camper generally can function in a group with a supervisor and 5-10 other campers. Camper needs one-to-one supervision and some direct support only during specific activities.
- Camper needs one-to-one support and assistance throughout the majority of time in large group settings.
- Camper needs more than one staff with him/her, especially when agitated or upset.

SOCIAL SKILLS

We will be gathering additional information specific to social skills during our follow-up interviews as well as through rating scales that we will distribute prior to camp start to all accepted campers. In an effort at this time to determine your child's level of skills specific to participation and peer social engagement we are asking that you indicate the statements below that best describe your child when in an inclusive, group setting within a group of 10-15 other children (ex: recess, PE, birthday party).

Participation

When your child is in an inclusive, group setting with a group of 10-15 other children engaged in an activity your child ...

- Is interested in the activity will watch the activity from the sideline on and off, keeping a safe distance
- Will watch the activity from the sideline and watch the activity most of the time
- Will watch the activity showing interest (smiles, laughs, points) or will engage in similar activities as peers but not WITH the peers (dribble ball on the sideline while watching basketball game)
- Will watch the activity showing interest and will make positive vocal comments about the game or congratulatory comments to the players ("Nice job!"; "cool")
- Will make occasional attempts to physically engage in the activity with peers but doesn't appropriately join game or joins but not for the entire length of the activity
- Will join an ongoing game if asked by a peer
- Will initiate joining in ongoing game appropriately ("can I play?")
- Will ask others to join a game or to play with him/her
- Will engage in a game/activity with peers but loses interest when waiting turn
- Will play game according to the rules peers are using for at least 30 minutes including attending when not his/her turn
- Will play the game according to the rules peers are using even if rules change without complaint or engaging in challenging behaviors
- Will play game according to rules peers are using and will talk to peers appropriately while playing about the game

Any other comments about your child's ability to participate in group activities with peers?

Social Engagement with Peers

When your child is in an inclusive, group setting with a group of 10-12 other children engaged in an activity your child ...

- Will stand near the group of peers and will listen to their conversation from the sidelines
- Will stand near group, looking toward each speaker and/or will walk closer to the group while looking at them
- Will look at peers and/or go to them if they are discussing a topic of interest to him/her or an ongoing activity and will make responses as if listening example: laughing, nodding, commenting (not toward a person)
- Will look at peers and/or go to them if they are discussing a topic of interest to him/her and will respond to the topic with a comment or a follow up question that is on topic
- Will look toward a peer who spoke to him/her and will respond with a related comment/response
- Will engage in back and forth conversation with peers (at least 3 back and forth exchanges) that remains on topic but only about certain subject matter
- Will engage in back and forth conversation with peers (at least 3 back and forth exchanges) that remains on topic about most subject matters
- Will approach peers who are interested in a similar topic to start a conversation appropriately
- Will engage in back and forth conversation with peers (at least 3 back and forth exchanges) that remains on topic about most subject matters but struggles with conversation “rules” (examples: volume of speech, how close you stand, engaging in appropriate listening behavior, etc.)

Any other comments about your child’s ability to have conversations with peers in group activities?

Does your child currently have IEP goals to address social skills? Yes No

If yes, list the goals below. Feel free to attach.

Outcome Measures and Participation

As your child may be a potential camper of this year’s social skill day camp, it is important you understand requirements needed from you both before and after camp. If your child is accepted to You B You, measures regarding your child’s skill level, specifically questionnaires/ratings, will be sent via email. Also, a mandatory parent orientation is scheduled the week prior to camp. Information regarding policies and how to best prepare your camper will be provided. Lastly, consent and adherence to the behavior contract must be agreed upon prior to the start of camp.

It is our value to receive outcome measures regarding our campers’ successes and how to improve each year. Additionally, these data are used for a variety of reasons including presenting successes to our donors. Marcus Autism Center is able to provide camp experiences for so many children who are on the autism spectrum as it is heavily funded by donors. Please read the requirements below and indicate you agree to the requests by signing your initials.

- _____ I understand it is my responsibility to attend the Parent Orientation either in-person or via WebEx
- _____ I understand Marcus Autism Center must **receive my written** consent regarding the behavior contact **before the start of camp**
- _____ I understand it is my responsibility to complete pre- and post-camp measures

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ATTENDED PARENT ORIENTATION	_____ IN-PERSON _____ WEB-EX
BEHAVIOR CONTRACT AGREEMENT	DATE SIGNED: _____
PRE-MEASURE COMPLETED	DATE: _____
POST-MEASURE COMPLETED	DATE: _____
COMMENTS:	