

## 2010 "Let's Talk" Camp Screening Form

Parents, please complete the form below and fax it to the attention of Michelle Becote-Jackson at 410-752-5452 or mail it to Y of Central Maryland, 20 South Charles Street, Suite 600, Baltimore, MD 21201.



Child's Name \_\_\_\_\_  
 Age \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: Boy \_\_\_\_ Girl \_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_

Is your child currently receiving special education services at school? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what type of services:

- Speech-language Therapy     Supplemental Reading     Occupational Therapy  
 Special Education Class     Other \_\_\_\_\_

Briefly describe your child's special learning challenges and services received at school.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have an IEP for speech-language therapy? If so, what is the focus?

- |   |  |
|---|--|
| <input type="checkbox"/> Production of sounds (articulation)    | <input type="checkbox"/> Answering questions     |
| <input type="checkbox"/> Following directions                   | <input type="checkbox"/> Stuttering              |
| <input type="checkbox"/> Expressing thoughts and ideas          | <input type="checkbox"/> Vocabulary and concepts |
| <input type="checkbox"/> Using alternative communication device | <input type="checkbox"/> Communicating needs     |
| <input type="checkbox"/> I don't know                           | <input type="checkbox"/> Other _____             |

Of the skills listed above, indicate which two you would like your child to improve this summer through a therapy-camp experience. \_\_\_\_\_

\_\_\_\_\_

Check the self-care skills your child demonstrates.

- |  |  |
|--|--|
| <input type="checkbox"/> Toileting               | <input type="checkbox"/> Feeding             |
| <input type="checkbox"/> Behavior Self Control   | <input type="checkbox"/> Ambulation/Mobility |
| <input type="checkbox"/> Communicate Basic Needs |  |

(even though speech-language may be difficult to understand)