



Campership Application – Part B

Referral Form

To be completed by teacher, social worker, or other professional

The child named on this referral form is being considered for a campership at one of several resident camps that partner with Washtenaw Camp Placement Association. Please give an honest appraisal of the child's abilities and needs. Please note: applicant's grade next year must be between 5 and 12.

By filling out and returning this form, you are agreeing:

1. To assist the volunteer committee tasked with selecting those youth who will go to camp
2. That, if this child is selected for camp, you will notify the parent / guardian and have a face-to-face meeting with them in a timely manner. The meeting takes place at your school or agency, and is for the purpose of confirming the place and dates of the campership, and obtaining information required by the camp. The meeting normally takes about 20 to 30 minutes.

_____	_____	_____	_____
Child's last name	First	Middle	Today's date
_____	_____		
School currently attending	Grade next year (5-12 only)		
_____	_____	_____	
Referred by (print)	Referred by (signature)	Position (teacher, social worker, etc.)	
_____	_____	_____	
Referral's e-mail address	Referring agency (if different than school)		

Referral's daytime phone			

Check the most appropriate description:

The child interacts well with peers:

most of the time often occasionally seldom

The child accepts directions appropriately from adults in authority:

most of the time often occasionally seldom

When disappointed, the child loses control:

most of the time often occasionally seldom

The child attempts to manipulate peers:

most of the time often occasionally seldom

The child is able to share feelings and concerns with adults:

most of the time often occasionally seldom

Check the adjectives which best describe this youngster:

confident	shy	cooperative	impulsive	leader
very active	friendly	follower	cheerful	moody
withdrawn	adaptable	timid	hostile	immature

Please describe this child and the nature of your interactions with him or her:

How do you think a summer resident camp experience would benefit this child?

It is important for us to know that the child is equipped to handle group living in the out-of-doors supervised by college age counselors. Every child deserves a camp placement where they can have a successful and positive experience.

Most children are placed in regular camp programs. Children with special needs may be mainstreamed in a regular program, mainstreamed with prior arrangements to meet their special needs, or placed in a camp with adapted programs. If necessary, please use your school district's or agency's parent consent for release of this information to Washtenaw Camp Placement Association.

Please describe any mental, physical, emotional, or behavioral impairments or limitations that should be considered in selecting an appropriate camp program. Please be as specific as possible.

Can this child succeed in a regular camp program? Yes No

Does this child need a camp program adapted to address special needs? Yes No If yes, explain fully.

Please return the completed referral form within seven days to the address below:

Washtenaw Camp Placement Association, 3135 S. State St., Suite 350-D, Ann Arbor, MI 48108

Direct questions to: CampPlacement@sbcglobal.net Phone: 734-971-4537