



Campership Application – Part B
CONFIDENTIAL PROFESSIONAL REFERRAL
*To be completed by a teacher, social worker, or other professional
and returned directly to WCPA by them*

The student named on this referral form is being considered for a one or two-week resident 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: student must have completed Grade 4 or above to apply.

By filling out and returning this form, you are agreeing that you will notify the Parent/Guardian and have a face-to-face meeting with them in a timely manner, if this child is selected for a campership. 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	Date of birth
School child currently attends		Grade next year (must be Grade 5 or above)	

It is important for WCPA to know that the child is equipped to handle group living in the out-of-doors supervised by college age counselors. All children deserve a camp placement where they can have a successful and positive experience. Please circle the most appropriate indicators below.

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

Please circle the adjectives which best describe the applicant:

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withdrawn	adaptable	timid	hostile	immature

CONFIDENTIAL PROFESSIONAL REFERRAL (con't)

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

WCPA believes that camp benefits every child. It is important that we understand why this child would especially benefit from a camp experience.

Can this child succeed in a regular camp program? YES NO

Describe any mental, physical, emotional, or behavioral impairments or limitations that may impact a camp experience; please be specific.

Referred by (print)

Referred by (signature)

Date signed

Referral's e-mail address

Referral's daytime telephone

Position, e.g. teacher, social worker

If this referral form is coming from an entity other than the child's school, please provide the following:

Organization name: _____

Organization address: _____

Return form by Tuesday, January 31, 2017 to be considered in the first round of placements.

Washtenaw Camp Placement Association, 3135 S. State St., Suite 350-D, Ann Arbor, MI 48108
Direct questions to: CampPlacement@sbcglobal.net or Telephone 734.971.4537