



TEACHER REFERENCE FORM

→ **Parent/Guardians: Please fill out this top section and give it to your child's teacher, counselor, principal, or social worker.**

This form should be mailed separately by your child's reference source.

Please do not wait for this form to send in your camper application.

Camper's Name _____ Year 20 _____

Teacher's Name: _____ Teacher's Work # (_____) _____

School: _____

Classroom Type: 6:1:1 8:1:1 12:1:1 15:1 UG Inclusion General Education

Dear Teacher:

The following child is applying to attend Cradle Beach Camp. Campers stay overnight for 5 days.

Please complete this **confidential form** so our staff can assist the child to the best of our ability. Please be honest about the child's behaviors. The child's behaviors will not mean exclusion from Cradle Beach Camp.

You may also print a teacher form from our website at www.cradlebeach.org. From our home page, go to Summer Enrichment Program, select camp dates, choose teacher form.

Please mail, fax, or email this form to

Cradle Beach Admissions, 8038 Old Lakeshore Rd, Angola, NY 14006 or

Fax to (716) 549-6825 or

Email to admissions@cradlebeach.org

We have 3 cabin settings: Field, Hill, and Pioneer Camper (PC).

Please select the most appropriate setting for this child.

Field Campers: Campers age 8-14; Children who function at grade level, have strong independent daily living skills, and will stay with the group.

Hill Campers: Campers age 8-17; Children who have intensive physical and/ or intellectual needs, and /or might need total assistance with daily living skills and/or possible 1:1 supervision.

Pioneer Campers (PC's): Campers ages 14-17; PC's should have strong independent daily living skills, demonstrate responsible behavior, leadership skills and good work ethic. Youth selected as PC's must be physically and intellectually able to perform assigned PC duties.

Thank you in advance for your assistance!



Camper's Name: _____

Place in the classroom:	Relationship to peers:	Relationship to teacher:	Following directions:	PC ages 14-16: demonstrate Leadership Skills:
<input type="checkbox"/> Leader <input type="checkbox"/> Independent <input type="checkbox"/> Friendly <input type="checkbox"/> Follower <input type="checkbox"/> Quiet	<input type="checkbox"/> Outgoing <input type="checkbox"/> Several friends <input type="checkbox"/> One friend <input type="checkbox"/> Shy	<input type="checkbox"/> Responsive <input type="checkbox"/> Cooperative <input type="checkbox"/> Dependent <input type="checkbox"/> Attention seeking <input type="checkbox"/> Respectful of authority <input type="checkbox"/> One to one attention needed	<input type="checkbox"/> Cooperative <input type="checkbox"/> Testing <input type="checkbox"/> Needs adaptation <input type="checkbox"/> Resentful to authority	<input type="checkbox"/> Role model <input type="checkbox"/> Teamplayer <input type="checkbox"/> Self-motivated <input type="checkbox"/> Takes initiative <input type="checkbox"/> Accepts directions <input type="checkbox"/> Willingly performs tasks

Will the child do well in a camp setting with structured activities?	Will the child choose to be part of a group or individual activities?
<input type="checkbox"/> Yes <input type="checkbox"/> No (if no please explain):	<input type="checkbox"/> To be part of a group <input type="checkbox"/> To be independent <input type="checkbox"/> To be with a group but needs supervision <input type="checkbox"/> Individual activities with 1:1

What kinds of activities does the child have interest in?

What activities cause anxiety or stress?

Does this child demonstrate any behaviors?	Does this student have a
<input type="checkbox"/> Wanders/runs away <input type="checkbox"/> Non-compliant <input type="checkbox"/> Eats inedibles <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Inappropriate sexual behaviors <input type="checkbox"/> Destroys property <input type="checkbox"/> Self-injurious behaviors	<input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <p style="text-align: center;">Please forward copy of all applicable plans with reference letter</p>

Please explain any behaviors that were checked off:

Please provide us with some strategies that will help the student be successful at camp:

In the past year has the child been suspended for any amount of time greater than a week? Yes No If Yes, please explain:

In the past year has the child been expelled? Yes No

Did they return to school? Yes No

Information to contact you if we need any clarifications: Name: _____

Phone : _____ Email: _____

Title : _____ Date: _____

Thank you for taking the time to help us get to know this student better for a successful camp experience !