

CAMPER'S PERSONAL GROWTH ** Please take the time to fill this side out as completely as possible.

1. Each camper's experience at Camp is somewhat different. Tell us what you especially hope your child will gain from this summer's experience. What are your goals for him/her?

2. What skills do you hope your camper will develop while at Camp?

3. What are your camper's hobbies and special interests?

4. What responsibilities do you give your child around the house?

5. What is your child's current school status? Is his/her behavior at school an issue?

6. Are there any health problems or learning disabilities the counselors should know about?

7. Has your child received counseling or therapy? For how long? For what reason? Do you feel it was successful?

8. Is your child experimenting with or using alcohol, tobacco products, or illegal drugs?

9. Does child have any history of physically aggressive behavior? Be specific and address any recent incidents.

10. What methods of discipline do you recommend to the counselor for your camper? Please explain.

11. In what way can the cabin counselor aid your child's development of positive attitudes and habits?

12. Give a brief summary of your child. Include anything you feel will help us better understand him/her.

THANK YOU FOR HELPING MAKE YOUR CHILD'S SUMMER BETTER!

Parent/Guardian Signature _____ **Date** _____