

Jameson Ranch Camp Camper Questionnaire



In order to get to know your child better, we'd like to have you fill out this form. The more you write, the more we know, so please to tell us everything.

Camper Name:

Preferred Nickname:

Camper Age:

Year at JRC:

What is your child's general response to the idea of camp?

Are there activities that your child is really excited to participate in?

To whom does your child best relate?

Has your child been away from you for an extended period before?

Has your child attended any camps before? Where?

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Does your child get homesick? What works to alleviate those feelings?

What is your child's nighttime routine?

Does your child know anyone coming to camp?

What kinds of challenging behaviors does your child exhibit?

Is your child on medication for any of these behaviors? What kind of medication is your child on?

What does your child look like/act like when feeling anxious?

Does your child have any anxieties or fears regarding JRC? What are your suggestions for helping ease these?

Does your child like school?

Does your child participate in extra-curricular activities?

What do you consider your child's top 3 qualities?

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Your camper has been diagnosed with a condition that impacts learning (e.g. ADHD, sensory processing problem). Yes or No

- Your camper has a psychiatric diagnosis such as depression, obsessive-compulsive disorder (OCD), panic/anxiety disorder. Yes or No
- Your camper has an emotional health concern. Yes or No
- During the past academic year, your camper saw or is currently seeing a professional to address mental/emotional concerns. Yes or No

If “yes” was the answer to any of the four statements above, attach a statement from your camper’s professional (e.g., psychiatrist, clinical social worker, physician) that addresses the following three topics:

- a. Describe the concern and the camper’s management plan (including medication) while attending our camp program.
- b. Describe the behaviors that will indicate to our staff that your camper needs professional referral.
- c. Provide a recommendation from that professional for your camper’s participation in our camp program.

- Your camper has had a significant life event that continues to affect the camper’s life. Yes or No
If yes, please attach written information about the event (death of a loved one, family change, adoption, new sibling, survived a disaster) its impact upon your camper’s life, and care tips for JRC's staff.