Teacher/Counselor Questionnaire

Dear Teacher/Counselor,

Thank you for taking a moment to fill out this questionnaire. The Nuhop Center, home of Camp Nuhop, provides a week-long residential summer experience for children with learning differences. Our mission is to create a safe, nurturing, dynamic learning environment where people are empowered to succeed. At Camp Nuhop, children with special needs will find a place where individuality is appreciated. This questionnaire is an important part of providing a successful week of adventure, fun, and friendship.

I am completing this form regarding:

___________________________________________________________
Student’s Name

1. In what capacity do you know the above student?
   ___ Teacher             ____ Counselor       ____ Intervention Specialist      ___ Social Service Provider

2. Student’s Diagnosis? Please check all that apply:
   ___ADD     ___ADHD     ___ED/BD     ___CD     ___LD     ___OCD
   ___ODD     ___PDD-NOS  ___PTSD     ___RAD     ___SLD
   ___Other:____________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   _________

3. Student’s school placement? Please check all that apply:
   ___ public school regular classroom   ___ public school regular classroom with tutoring/inclusion
   ___ public school self-contained classroom   ___ day treatment program    ___ homeschooled
   ___ private/charter school: please explain:________________________________________________
   ___ other: please explain:________________________________________________________________
   ____________________________________________________________________
4. List three things that your student is good at:
   a. _________________________________________________________________________
   b. _________________________________________________________________________
   c. _________________________________________________________________________

5. We require campers to be able to take of their personal hygiene and belongs with only verbal prompting from staff. Is your student capable of this? ______________________
   If no please explain:
   ____________________________________________________________________________________

6. To your knowledge does this student have issues with authority? ______________________
   If yes, please explain:
   ____________________________________________________________________________________

7. Does this student have behavioral issues? ______________________
   If yes, please explain:
   ____________________________________________________________________________________

8. What strategies have you found successful in dealing with your student on a daily basis?
   a. ________________________________________________________________________________
   b. ________________________________________________________________________________
   c. ________________________________________________________________________________

9. Do you feel that this student will be successful with a 3:7 ratio? ______________________
   If no, please explain:
   ____________________________________________________________________________________
   ____________________________________________________________________________________
10. Please use the space below to share any other information you feel would be beneficial to the staff in providing your student with the most successful camp experience.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Name (please print) ____________________________________________
Title/position

Please send __________ copies of your summer brochure for me to give to others. (optional)
Name:
___________________________________________________________________________________
___________________________________________________________________________________

School/organization/agency:
___________________________________________________________________________________

Address:
___________________________________________________________________________________
___________________________________________________________________________________

Please mail this form to:
Camp Nuhop
1077 Township Rd 2916
Perrysville, OH 44864

If you would like to know more information about Camp Nuhop, please visit us at nuhop.org
or call our office at 419-938-7151.