

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.