



## CAMP SEQUOIA PERMISSION FOR THE RELEASE OF INFORMATION FORM

**Parents:** The purpose of this form is to give us permission to receive information from professionals who work with your child in the school setting and see them regularly interacting with peers. This helps us determine whether Camp Sequoia will be a good match for him.

This form should be filled out by you and given to your child's school so they know you have authorized the individuals filling out these questionnaires to share information with us. Camp Sequoia also will need a copy of this form for our records.

**IMPORTANT:** Please have these questionnaires completed as soon as possible. We will follow up with questions or concerns after receiving these materials.

***I understand that this information will be kept confidential by Camp Sequoia and will not be released to any agencies or parties without further consent.***

I, the undersigned, do hereby give my permission for Camp Sequoia to obtain and/or share information about my child.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_



## **Camp Sequoia Professional Questionnaire (School Professional 1)**

Dear Professional,

You have been asked to complete this form because of your professional relationship with a child who has applied to Camp Sequoia. Please return this questionnaire to our office via email, fax or postal mail. **You do not need to return this form to the student's parents and the information you provide will be kept confidential.** Our contact information is listed below. Thank you very much for your help in providing us with this information.

*Camp Sequoia is an overnight summer camp for boys who present with social skill needs. Our campers present with average to above average cognitive ability and full use of language. Our program is an active, highly structured camp program with a focus on building social thinking skills. Camp Sequoia does not serve campers who need a behavioral support program, present with aggressive/oppositional behaviors or have limited language skills.*

If you have any questions or concerns, please do not hesitate to call or email us.

**Student's Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Email:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**How long have you been working with this student?** \_\_\_\_\_

**In what capacity?** \_\_\_\_\_

**Please list this student's diagnostic labels (example: ADHD, NVLD, etc.):** \_\_\_\_\_

**How would this student's peers describe him regarding his social interaction?**

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**Does this student have age-appropriate communication skills (relative to his age)?**

Yes  No

**Where does this student fall in regards to his cognitive ability relative to his same-age peers?**

- Above average cognitive ability
- Within normal range cognitive ability
- Slightly lower cognitive ability
- Significantly lower cognitive ability

Camp Sequoia  
221 Williams Ave. Narberth, PA 19072  
Phone: 610.771.0111/Fax: 610.771.0122  
office@camp-sequoia.com  
www.camp-sequoia.com



**In regard to the student's acceptance of authority, would you describe him as most frequently being:**

- willingly cooperative   sometimes uncooperative   often resistant to authority

**How is this demonstrated if he presents as sometimes uncooperative or resistant to authority:** \_\_\_\_\_

\_\_\_\_\_

**Please comment on how this student takes guidance/directions from same-age peers:**

\_\_\_\_\_

\_\_\_\_\_

**Describe how this student expresses emotion (age appropriately, over-reactive, etc.):**

\_\_\_\_\_

\_\_\_\_\_

**On a scale from 1-10 (1 being the least and 10 being the most) what would you rate this student in terms of the level of negativity he expresses (i.e. complains, rigid thinking, unwilling to try new things):** \_\_\_\_\_

**How would you describe this student's ability to be part of a (social or academic) peer group?**

- can successfully be part of a peer group   needs support in order to advocate for himself  
has some difficulty working in peer groups   has significant difficulty working in a peer group

**Does he react with emotional outburst or aggression to provocation or frustration?**

- Yes   No   In the past but not recently

**Please comment on the student's ability to accurately interpret social situations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does this student require the support of an aide in school?**   Yes   No

**Please list date and scores of the student's most recent testing if you have this information available:**

Full Scale IQ: \_\_\_\_\_ Verbal IQ: \_\_\_\_\_ Date of testing: \_\_\_\_\_

**Thank you for your time, please feel free to add any additional comments on the back of this form.**



## **Camp Sequoia Professional Questionnaire (School Professional 2)**

Dear Professional,

You have been asked to complete this form because of your professional relationship with a child who has applied to Camp Sequoia. Please return this questionnaire to our office via email, fax or postal mail. **You do not need to return this form to the student's parents and the information you provide will be kept confidential.** Our contact information is listed below. Thank you very much for your help in providing us with this information.

*Camp Sequoia is an overnight summer camp for boys who present with social skill needs. Our campers present with average to above average cognitive ability and full use of language. Our program is an active, highly structured camp program with a focus on building social thinking skills. Camp Sequoia does not serve campers who need a behavioral support program, present with aggressive/oppositional behaviors or have limited language skills.*

If you have any questions or concerns, please do not hesitate to call or email us.

**Student's Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Email:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**How long have you been working with this student?** \_\_\_\_\_

**In what capacity?** \_\_\_\_\_

**Please list this student's diagnostic labels (example: ADHD, NVLD, etc.):** \_\_\_\_\_

**How would this student's peers describe him regarding his social interaction?**

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**Does this student have age-appropriate communication skills (relative to his age)?**

Yes  No

**Where does this student fall in regards to his cognitive ability relative to his same-age peers?**

- Above average cognitive ability
- Within normal range cognitive ability
- Slightly lower cognitive ability
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**In regard to the student's acceptance of authority, would you describe him as most frequently being:**

- willingly cooperative   sometimes uncooperative   often resistant to authority

**How is this demonstrated if he presents as sometimes uncooperative or resistant to authority:** \_\_\_\_\_

\_\_\_\_\_

**Please comment on how this student takes guidance/directions from same-age peers:**

\_\_\_\_\_

\_\_\_\_\_

**Describe how this student expresses emotion (age appropriately, over-reactive, etc.):**

\_\_\_\_\_

\_\_\_\_\_

**On a scale from 1-10 (1 being the least and 10 being the most) what would you rate this student in terms of the level of negativity he expresses (i.e. complains, rigid thinking, unwilling to try new things):** \_\_\_\_\_

**How would you describe this student's ability to be part of a (social or academic) peer group?**

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**Does he react with emotional outburst or aggression to provocation or frustration?**

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**Please comment on the student's ability to accurately interpret social situations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does this student require the support of an aide in school?**   Yes   No

**Please list date and scores of the student's most recent testing if you have this information available:**

Full Scale IQ: \_\_\_\_\_   Verbal IQ: \_\_\_\_\_   Date of testing: \_\_\_\_\_

**Thank you for your time, please feel free to add any additional comments on the back of this form.**