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## **DEAR PARENT/GUARDIAN,**

We are excited that you have selected the YMCA of San Diego County for Camp! We realize that there are a number of factors that need to be considered to ensure a safe and positive camp experience for your child. The YMCA is committed to providing a quality camp experience where all children are able to meaningfully participate in daily activities. We hope that this letter clarifies our approach to inclusion and the processes we have in place to ensure a positive and quality camp experience.

### **WHAT IS INCLUSION IN A DAY CAMP SETTING?**

Inclusion provides the opportunity for children with disabilities or special needs to meaningfully participate in camp in the same manner as other children of comparable age.

### **IS THIS A GOOD FIT FOR MY CHILD?**

Our goal is for all children to have successful experiences in camp. By partnering with parents, understanding individual child needs, and providing reasonable accommodations, we are able to facilitate this success for many children with disabilities and special needs. We aim to facilitate each child's ability to participate in a meaningful way, to follow YMCA safety and behavior guidelines, and to be in a large group without risk to themselves or others. If your child is able to do these things, Y camp may be a good fit.

### **WHAT IF MY CHILD NEEDS AN INCLUSION LEADER?**

Parents often request that a specific staff person be designated to facilitate their child's participation in a large group setting, if their child might not otherwise be successful in this environment. We will consider requests for an Inclusion Leader while working with you to determine your child's specific needs to be fully integrated into camp, with or without additional supports. The determination for providing an Inclusion Leader will be based on child's needs and staff availability.



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## **WHO ARE THE INCLUSION LEADERS?**

The Inclusion Leaders are staff members who have been hired specifically for working with children who need additional assistance in order to successfully participate in the camp environment. When designating a specific staff to help a child, the skills and experience of the staff are matched to the needs of the children. All camp staff are CPR and First Aid certified, have received criminal background clearances and go through extensive camp staff training.

## **SHOULD MY CHILD ATTEND EXTENDED CAMP?**

Extended camp is not recommended for children with disabilities or special needs. Extended camp is less structured and may not provide an optimal environment for children with special needs.

## **WHAT IF MY CHILD HAS BEHAVIOR ISSUES AT CAMP?**

We will work proactively with you and your child to address any behavior challenges. These challenges will be documented on standard Behavior Reports, Behavior Logs, and Camp Journals and shared with you in a timely manner. All children participating in YMCA camp, regardless of disability or special need, are expected to maintain appropriate behavior and are subject to the YMCA discipline policy and procedures. Disciplinary consequences may include having a parent/guardian pick up their child immediately, suspending a child from the program, or terminating a child from the program without refund, if necessary. Please see Camp Handbook for full details on behavioral expectations.

## **HOW DO I GET STARTED?**

Prior to camp registration, a Request for Special Assistance Form must be completed, discussed with a YMCA director, or director's designee, and be approved by the Camp Management Team. This should be done as soon as possible.

Next, contact the Camp Leadership Team to set a time for a review of the information provided on the request form and discuss available accommodations.

We will make every effort to include your child in our Y Camp and are excited to partner with you to facilitate your child's camp success!

**SINCERELY,  
THE YMCA CAMP LEADERSHIP TEAM**



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## COMMITMENT TO FULL INCLUSION

The YMCA of San Diego County, in keeping with our mission to help all people realize their fullest potential, welcomes all children to participate in all programs. To the extent it is reasonable to do so, the YMCA programs will provide services to children with disabilities or special needs in the same manner as services are provided for other children of comparable age. This is done by partnering with parents, understanding the child and providing reasonable accommodations. Each request for special assistance is reviewed on a case-by-case basis.

This review will include the following steps:

- A YMCA Director, or director's designee, will meet with the child and parent(s).
- The Director will assess the YMCA's ability to facilitate meaningful participation in camp within reasonable cost.
- The Director will discuss the child's needs with the program staff who will be supervising the child, including any reasonable accommodations that will be made without fundamentally altering the nature of the group program.
- If possible, the child will be enrolled for a trial period, not to exceed two weeks.
- Ongoing, regular communication with the child's parent(s)/guardian will be maintained by staff as long as the child is enrolled in the program.
- The parent(s)/guardian will be informed without delay if a child's participation cannot be accommodated because the needed accommodations are unreasonable or alter the nature of the program.

## REQUEST FOR SPECIAL ASSISTANCE FROM INCLUSION LEADER

Here are steps to request an Inclusion Leader:

1. Parents or guardian will complete and sign the attached form and then submit it to the camp department prior to registering the child for camp programs. Forms will be reviewed and approved by the camp department.
2. After request for special assistance is approved, the child can be registered for programs. This form will be used by all staff involved in the child's care and supervision.



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## REQUEST FOR SPECIAL ASSISTANCE FORM (Page 1 of 7)

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Branch:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Current Date:** \_\_\_\_\_ **Requested Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

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### PARTNERING WITH PARENTS

1. What are your goals for your child in YMCA program?
  
  
  
  
  
  
  
  
  
  
2. What are your child's strengths and abilities?
  
  
  
  
  
  
  
  
  
  
3. What are some of the activities that your child particularly enjoys?
  
  
  
  
  
  
  
  
  
  
4. What are some challenges that you think your child may have participating in this program?



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## REQUEST FOR SPECIAL ASSISTANCE FORM (Continued – Page 2 of 7)

5. What other programs has your child successfully participated in?  
(play group, afterschool program, sports team, etc.)
  
6. What are the things that you would like us to know to help your child be successful in our program?
  
7. Is there someone who we can contact (teacher, counselor, doctor), that has worked successfully with your child before, in order to request input on things we might be able to do to help your child succeed?  
If so, please list their name, phone number, and relationship to your child below:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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### UNDERSTANDING YOUR CHILD

1. How would you describe your child's personality?
  
2. What skills does your child have that he/she is particularly proud of?
  
3. Does your child have any special interests, particular likes, or particular dislikes?



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## REQUEST FOR SPECIAL ASSISTANCE FORM (Continued – Page 3 of 7)

4. What are some successful ways to motivate your child and reinforce appropriate behaviors?

5. Are there any behaviors that your child may need special assistance with from staff?  
(Please mark all that apply.)

- Reminders to use the restroom
- Using appropriate language
- Using appropriate problem-solving skills
- Other: \_\_\_\_\_

6. Are there any behaviors that staff should be aware of and watch for?

- Hitting
- Kicking
- Biting
- Screaming
- Tantrums
- Running away
- Other: \_\_\_\_\_

7. Are there situations where these behaviors are more likely to occur than others (triggers)?

8. How are these behaviors responded to at home or school?



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## REQUEST FOR SPECIAL ASSISTANCE FORM (Continued – Page 4 of 7)

9. Does your child have limitations with anything in particular?  
(Please mark all that apply.)

### Self Help Skills

- Dressing
- Eating
- Cleaning up
- Toileting
- Other: \_\_\_\_\_

### Physical Abilities

- Holding or manipulating an object
- Writing
- Walking
- Running
- Jumping
- Throwing
- Other: \_\_\_\_\_

### Emotional Regulation

- Sensitivity
- Anger
- Anxiety
- Stress
- Other: \_\_\_\_\_



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## REQUEST FOR SPECIAL ASSISTANCE FORM (Continued – Page 5 of 7)

### SUPPLEMENTAL MEDICAL INFORMATION

1. What is your child's specific diagnosis or special need?

2. Is your child currently taking any medications related to this? If so, please provide details below:

1) **Name of Medication:** \_\_\_\_\_

**Dosage and Frequency:** \_\_\_\_\_

**Side Effects:** \_\_\_\_\_

2) **Name of Medication:** \_\_\_\_\_

**Dosage and Frequency:** \_\_\_\_\_

**Side Effects:** \_\_\_\_\_

3) **Name of Medication:** \_\_\_\_\_

**Dosage and Frequency:** \_\_\_\_\_

**Side Effects:** \_\_\_\_\_

4) **Name of Medication:** \_\_\_\_\_

**Dosage and Frequency:** \_\_\_\_\_

**Side Effects:** \_\_\_\_\_

**\*Note:** If medications need to be administered to your child during the program, a current Medical Authorization must be on file.





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## REQUEST FOR SPECIAL ASSISTANCE FORM (Continued – Page 6 of 7)

3. Does your child have seizures?

**If so, what kind:** \_\_\_\_\_

**Date of last seizure:** \_\_\_\_\_

**How are they controlled?** \_\_\_\_\_

4. Does your child have any past or progressive surgeries?

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### PROVIDING REASONABLE ACCOMODATIONS

1. The ratio for this program is 1 staff for each group of (1-10) children. Do you feel this will be adequate for your child's physical or behavioral needs? Please describe:

In order to meet your child's needs:

2. What special assistance do you think your child may need to successfully participate in camp?

3. Is there any special equipment that should be provided?

4. Is there any special training that the staff should have?



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## REQUEST FOR SPECIAL ASSISTANCE FORM (Continued – Page 7 of 7)

### I UNDERSTAND AND AGREE TO THE FOLLOWING:

- This intake is not a guarantee of your child's placement in the program.
- The information provided during this intake will be shared with staff working with my child and they are authorized to discuss for the purpose of meeting my child's needs.
- This program is not designed to be therapeutic or provide one-on-one care.
- The YMCA of San Diego County operates within the provisions of the Americans with Disabilities Act which provides protection to individuals with disabilities, as well as to providers of care for these individuals.
- It is YMCA policy to remove any child from the program determined to pose a threat to him/herself, other children or staff, or the overall program environment of health and safety, including children with disabilities and special needs.
- All children participating in a YMCA program, regardless of disability or special need, are expected to have appropriate behavior and are subject to the YMCA discipline policy and procedures.

The information I have provided on this intake form is complete and accurate and, to the best of my knowledge, contains all of the information that the YMCA needs to have in order to meet my child's needs and facilitate my child's success in this program.

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**Parent/Guardian Signature**

**Date**



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## YMCA OF SAN DIEGO COUNTY Child Strengths and Opportunities Survey

**Instructions:** For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answer all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior **over the last six months**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example, toys, treats pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Over the last six months, have your child's teachers expressed concerns with:</b>	<b>No</b>	<b>A Little</b>	<b>A Lot</b>
Fidgetiness, restlessness, or over activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor concentration or being easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acting without thinking, frequently butting in, or not waiting for his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>No</b>	<b>Yes - minor difficulties</b>	<b>Yes - define difficulties</b>	<b>Yes - severe difficulties</b>
Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered "Yes", please answer the following questions about these difficulties:

	<b>Less than a month</b>	<b>1-5 months</b>	<b>6-12 months</b>	<b>Over a year</b>
How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>Not at all</b>	<b>A little</b>	<b>A medium amount</b>	<b>A great deal</b>
Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Do the difficulties interfere with your child's everyday life in the following areas?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments/Concerns:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother/Father/Other (please specify): \_\_\_\_\_

**Thank you very much for your help.**