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.
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
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.
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: __________________________

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?
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: ______________

________________________________________________________________________________________

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?
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?
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: ____________________________________________
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:

<table>
<thead>
<tr>
<th></th>
<th>Name of Medication:</th>
<th>Dosage and Frequency:</th>
<th>Side Effects:</th>
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<tbody>
<tr>
<td>1)</td>
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<td>2)</td>
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<td>4)</td>
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*Note: If medications need to be administered to your child during the program, a current Medical Authorization must be on file.*
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?

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?
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.

Parent/Guardian Signature  Date

YMCA OF SAN DIEGO COUNTY
3708 Ruffin Road, San Diego CA 92123
(P) 858 292 9622  (F) 858 292 0045  ymca.org
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.

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

Source: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V1.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing
### Over the last six months, have your child’s teachers expressed concerns with:

<table>
<thead>
<tr>
<th>Concern</th>
<th>No</th>
<th>A Little</th>
<th>A Lot</th>
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</thead>
<tbody>
<tr>
<td>Fidgetiness, restlessness, or over activity</td>
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<td></td>
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<tr>
<td>Poor concentration or being easily distracted</td>
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<td>Acting without thinking, frequently butting in, or not waiting for his or her turn</td>
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</table>

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

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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</table>

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

<table>
<thead>
<tr>
<th>How long have these difficulties been present?</th>
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<tbody>
<tr>
<td>Less than a month</td>
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</table>

<table>
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<tr>
<th>Do the difficulties upset or distress your child?</th>
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<tbody>
<tr>
<td>Not at all</td>
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</table>

<table>
<thead>
<tr>
<th>Do the difficulties interfere with your child’s everyday life in the following areas?</th>
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<tbody>
<tr>
<td>HOME LIFE</td>
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</table>

<table>
<thead>
<tr>
<th>Do the difficulties put a burden on you or the family as a whole?</th>
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<tbody>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>

Comments/Concerns:

Signature _____________________________ Date ______________

Mother/Father/Other (please specify): ______________________________

Thank you very much for your help.

Source: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V1.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing