



**CAMP NEXT STEP
Parent/Family Assessment**

Student's Name:	School District:
Name of Person filling out form:	Relationship to student:
Home Phone with area code:	Email address:
Home address:	City/ Zip code:

*Your honesty in filling out this assessment will help us determine the appropriateness of **Camp Next Step** for your son/daughter.*

Independent Daily Living and Self Care Skills

How does your son/daughter complete the following activities?

Skill	Independent	With Assistance	Does not demonstrate this skill
Cooking and nutrition			
Budgeting			
Handling money/making change			
Taking medication			
Hygiene			
Getting the appropriate amount of sleep for school/work schedule			

How long can your son/daughter be left without supervision?

couple of hours An hour Few Minutes Cannot be left alone

Other comments: _____

Transportation

Which best describes your son/daughter's ability to access transportation:

- Knows how to use public transportation; Has traveled independently on public transportation
 - Has family member/other who is willing to provide on-going, reliable transportation
 - Is interested in getting learner's permit/drivers license
 - Knows how to use ride sharing such as Uber/Lyft
 - Other transportation options:
-

Communication

Please Consider how your son or daughter typically communicate.

	Always	Sometimes	Never
Responds when someone asks a question			
Makes eye contact			
Uses appropriate tone of voice			
Uses appropriate body language			
Does not use inappropriate hand gestures			
Respects personal space of others			
Demonstrates cell phone etiquette (eg. does not answer the phone during school)			
Is easily understood by others			
Has trouble explaining him/herself; trouble getting message across			
Uses assistive technology to communicate Describe:			
Uses an interpreter or sign language to communicate			
Talks about the same topics repetitively			

Physical Abilities

*Please note that this information helps **Camp Next Step** consider what kinds of adaptations or accommodations may be needed.*

	Always	Sometimes	Never
Walks independently			
Uses assistive technology to ambulate			

Describe:			
Typical fine motor skills			
Typical gross motor skills			

If applicable, please describe any of the information regarding Physical Abilities to help us have a better understanding of your son/daughter's current abilities.

Computer/ Electronic Skills

Please consider your son/daughter's typical computer usage when responding.

	Independent	Needs some support	Needs alot of support	Unsure
Has basic keyboarding skills				
Uses Microsoft Word effectively				
Sends and receives emails				
Finds information on the internet				
Uses cell phone for talk and text				
Plays games, streams TV				

Our son/daughter has no computer skills at this time.

Other technology used: _____

School and Community Supports

In addition to VR and Schools case management, please consider other supports your son/daughter has including OT, PT, SLP, Special Olympics Coaches, tutors, etc. Please list other names and phone numbers of other support people below. It can be anyone in the school or community that helps the student be successful.

Name	Title	Phone Number

--	--	--

Problem Solving and Conflict Resolution

Please take a moment to consider how your son/daughter handles problems. If possible, provide an example of a situation and how it was handled both at home and in the community. For example: *If a fire breaks out in the house and no one is home, what will your son/daughter do in this situation?*

- Home situation:

Commitment to Community Employment/ Volunteer/College Opportunity

- My son/daughter wants to get a job.
- Our son/daughter wants to go to college.
- Our son/daughter has volunteered/worked at:

Our son/daughter does the following chores at home on a regular basis:

-
- Our son/daughter has never worked or volunteered.

Thank you for completing this assessment. We appreciate your input!