

Autism Academic and Behavioral Remediation Summer Day Camp

June 14th to July 30th, 2010

Co Sponsored By:
The Department of Special Education at
Ball State University and
Isanogel A Division of Hillcroft Services, Inc.



Isanogel, A Division of Hillcroft Service, Inc
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Muncie, IN 47304

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February 22, 2010

Dear Campers and Families,

We are very excited to offer your child an opportunity to apply for the 2010 Autism Academic and Behavioral Remediation Summer Day Camp. The camp is designed to improve the academic, social, and behavioral skills of children with autism spectrum disorders. The day camp is a 7-week intensive experience for children classified with autism spectrum disorders. Therefore, an individualized behavioral program will be developed, implemented, and monitored during the 7 weeks each child participates in camp. Campers will participate in various small and large group camp activities involving embedded academics such as Math in the pool, Science at the campfire, and English in the craft barn. Each camper will also receive daily individualized tutoring focused on IEP goals. Parents will have significant input when determining which behaviors to modify and areas to be addressed during the tutoring sessions.

The camp is a collaborative project between the Ball State Department of Special Education, Hillcroft Services, Inc., and the Indiana Division of Exceptional Learners. Isanogel is the newest division of Hillcroft Services, Inc. Hillcroft Services is committed to providing innovative services and supports to individuals with disabilities resulting in extraordinary differences in people's lives. It is the goal of Isanogel to provide high quality recreation programs that create opportunities for physical, emotional, and social growth and development. Ball State University and Hillcroft look forward to partnering with all campers and their families to have a successful camp experience.

Enclosed you will find the 2010 Autism Academic and Behavioral Remediation Summer Day Camp initial application and information regarding the camp. The application is an important document that will be utilized in providing the best opportunity possible for campers. We encourage families to include as many of the "experts" in their camper's life as possible in completing the application packet. These "experts" may include parents, caregivers, teachers, behavior consultants, psychologists, psychiatrists, physicians and counselors. Parents must include a copy of their child's most recent Individualized Educational Plan (IEP) with the initial application. A lottery system will be used to select campers who qualify to participate in camp. **Without a current IEP on file and proof of an Autism diagnosis (medical or educational) the camper's application will not be admitted into the lottery.** After a camper has been selected, parents will be asked to provide additional information.

Sincerely,

David E. McIntosh, Ph.D.
Meeks Distinguished Professor of Special Education

AUTISM DAY CAMP SCHEDULE

Camp Application Due	March 26
Notification of Acceptance	April 30
Psychological, Behavioral, and Physician Reports Due	May 21
Parent Night	June 10
Day Camp Begins	June 14
Last Day of Camp	July 28
Parent Conferences	July 30

CONTACT INFORMATION

As you are completing the application, please feel free to contact us with questions or for further information. We can be reached by phone at (765) 285-7501 or by email at demcintosh@bsu.edu.

Send applications to:

ATTN: **2010 Autism Camp**
Department of Special Education
Teachers College 722
Ball State University
Muncie, IN 47306

Frequently Asked Questions

Who is eligible for the camp?

Children who have completed kindergarten through those who have completed fifth grade are eligible to apply. Due to the intensive behavioral and academic remediation and individualized tutoring that will be provided, a limited number of applications will be accepted.

What are the dates and times of the camp?

- Camp will begin on June 14th and end on July 28.
- Campers will attend Monday-Friday each week from 8am to 4pm.
- Case conferences will be held at the closing of camp on July 30 for all campers and families.

Do campers have to attend camp every week?

To ensure a successful camp experience, children are expected to attend camp daily. Campers are expected to attend the entire 7 weeks. Therefore, if you are planning a vacation during the 7-week camp it is recommended that you do not submit an application for your child to participate in the camp.

Is there a fee for the camp?

With generous support from grant funding, the camp program is being offered free of charge to families. A \$200 fee will be assessed for families who have a camper accepted to camp and decide not to participate after May 21st.

When will families be notified of acceptance for the camp?

Parents will be notified by April 30, 2010 whether or not their child was drawn through the lottery to participate in the summer camp.

Does the camp provide transportation?

No, all campers must arrange their own transportation to and from camp daily.

- Camper drop-off time is from 8--8:30am daily
- Childcare care can be arranged from 7:30-8:00am for those families who may need that service. Please make a note in the application if this is something your family may need assistance with.
- Camper pick-up is from 4-4:30pm daily.

Does the camp provide meals and snacks?

Campers are asked to provide their own sack lunch daily. Lunches are refrigerated in the camp kitchen. A microwave is available to reheat food as needed. Snacks are provided daily by the camp. Please indicate specific nutrition needs of the camper in the application so that accommodations can be made.

CAMPER INFORMATION

Camper Name: (first, middle, last): _____

Name Camper Prefers: _____ **Date of Birth:** _____

Address: _____

City, State, Zip: _____

Phone: (____)_____ Gender: ___Male ___Female

T-Shirt Size:

Youth: ___Small ___Medium ___Large Adult: ___Small ___Medium ___Large
___X-Large ___XX-Large ___XXX-Large

Current Grade in School: _____ Diagnosis: _____

Severity of Autism: ___Mild ___Moderate ___Severe

Type of Classroom: ___Mainstreamed ___Mild ___Moderate ___Severe

Does the camper have a one-on-one aide at school? If no, what is the classroom ratio of teachers and aides to students? ___yes ___no, ratio: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1:

___Mother ___Father ___Guardian

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian #2:

___Mother ___Father ___Guardian

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

CONSENT AND WAIVER

I, as the parent and/or legal guardian of _____ (the "Applicant"), give consent for the Applicant to go to the 2010 Autism Academic and Behavioral Remediation Summer Day Camp and to participate in all camp activities except those specified in this application. I represent and warrant to the 2010 Autism Academic and Behavioral Remediation Summer Day Camp that the applicant is physically and mentally able to participate in all camp activities except those that I have specified.

If the applicant is accepted, I give my consent for emergency medical care and/or tetanus immunization as deemed necessary by the Ball Memorial Hospital emergency room physician or attending camp physician while the applicant is at camp. I understand if emergency medical care is required, I will be notified by 2010 Autism Academic and Behavioral Remediation Summer Day Camp staff as soon as practical.

I understand and acknowledge that the Ball State University Department of Special Education and Isanogel reserves the right to refuse any person and agree that the applicant will be attending voluntarily. I acknowledge and agree that I have been provided the opportunity to see and inspect the camp facilities at Isanogel. On behalf of the applicant and myself we agree to assume all risk of injury and loss arising out of the condition of the camp, the applicant's participation in camp activities and the activities of other campers participating in such activities. Also, on behalf of the applicant and myself we agree to assume all risk of injury and loss arising out of any of behavioral and academic interventions and any other interventions implemented during camp. In consideration of and return for the services, facilities, and other assistance provided to the applicant by Isanogel, the applicant and I release Isanogel (and its Board of Directors, officers, employees and agents) from any and all liability, claims and actions that may arise from injury or harm to us, from our death or from damage to our property in connection with participation in camp at Isanogel. In consideration of and return for the services, facilities, and other assistance provided to the applicant by Ball State University, the applicant and I release Ball State University (and its Board of Directors, officers, employees and agents) from any and all liability, claims and actions that may arise from injury or harm to us, from our death or from damage to our property in connection with participation in the 2010 Autism Academic and Behavioral Remediation Summer Day Camp. We understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Isanogel (or its Board of Directors, officers, employees, or agents) and Ball State University (and its Board of Directors, officers, employees and agents), including but not limited to negligence, mistake, or failure to supervise by Isanogel or Ball State University.

I understand that my child is expected to attend camp daily. Campers are expected to attend the entire 7 weeks. I understand that if my child is drawn through the lottery to participate in the 2010 Autism Academic and Behavioral Remediation Summer Day Camp and I withdraw my child from participating in the camp after May 21, 2010 I will be charged a \$200 processing fee. We recognize that this Consent and Waiver means we are giving up, among other things, rights to sue Isanogel's and Ball State University's Board of Directors, officers, employees, or agents for injuries, damages, or losses we may incur. We also understand that this Consent and Waiver binds our heirs, executors, administrators, and assigns, as well as ourselves.

I have read this entire Consent and Waiver, I fully understand it and I agree to be legally bound by it. I have read and understand the Admission Policy of Isanogel and Ball State University, I fully understand it and agree to be bound by it. This is release of your rights. Read it carefully before signing. I understand that completion of this form does not guarantee acceptance to Camp Isanogel. I verify that all information contained in this application is true and accurate to the best of my knowledge and belief.

Signature of parent/guardian

Date

Printed name of parent/guardian



INFORMED CONSENT

Camper: _____

I. Agreement to Participate in Programs

No Program Restrictions

Program Restrictions (explain below)

Aquatics:

Consent to Swim	yes	no
PFD Required	yes	no
Earplugs Req.	yes	no
1:1 in Pool	yes	no
Shallow End Only	yes	no
Seizure Disorder	yes	no

Other Program Restrictions/Notes:

II. Permission To Treat/Agreement to Medical Care

Please note, if the camper has standing Advanced Directives, please attach a copy with the completed camp application.

I, _____, hereby grant permission to Isanogel, a Division of Hillcroft Services, Inc. to administer medication, provide first-aid services, obtain medical treatment, and seek emergency medical care for (camper's name) _____ in accordance with agency policies.

I also authorize camp personnel to release and receive medical information and/or records to or from the appropriate healthcare personnel while participating in camp programming.

III.. Media/Photo Release

Event/Subject: Summer Camp 2010

I grant Hillcroft Services, Inc., it's representatives, and employees the right to take photographs of me and my property in connection with above-identified event/subject. I authorize Hillcroft Services, Inc., it's assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Hillcroft Services, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

I agree to media photo release I do not agree to media/photo release

Camper, Parent or Legal Guardian Signature

Date

Printed Name



CANCELLATION POLICY

To ensure a successful camping experience, children are expected to attend camp daily. Campers are expected to attend the entire 7 weeks. Therefore, if you are planning a vacation during the 7-week camp it is recommended that you do not submit an application for your child to participate in the camp. Parents who complete an application and their child is drawn in the lottery to participate in the camp and decide not to have their child participate after May 21, 2010 will be charged a \$200 processing fee. Campers who miss more than 3 days during camp without a physician's note will not be allowed to continue to participate in the camp and will be subject to a \$200 processing fee.

I understand that if the applicant is unable to attend, cancellation must be made no later than May 21, 2010. If the cancellation is not made by May 21, 2010 the parent or guardian is responsible for the applicant processing fee and the costs of developing the individualized behavioral plan, a cost of approximately \$200.

Signature of Parent/Guardian or Other Responsible for Payment

Printed Name

Date

DEMOGRAPHIC INFORMATION

Demographic information below will not be utilized in the acceptance process or camp scholarship decisions. Demographic information will be utilized strictly for purposes of program outcome reporting.

Gender: 1. Male 2. Female

Ethnicity:

1. Asian, Asian American, Pacific Islander 4. Black, African American, Non-Hispanic
2. Hispanic, Hispanic American, Latino 5. American-Indian, Alaska Native
3. White, Non-Hispanic

Disability:

1. Mild MR 2. Moderate MR 3. Severe/Profound MR 4. Cerebral Palsy
5. Seizure Disorder 6. Dual Diagnosis 7. Down syndrome 8. Traumatic Brain Injury 9. Autism

Age: 8-12 13-18 19-29 30-50 51-65 65 and older

Type of Residence:

1. Family Home 4. Independent Home
2. Group Home 5. Foster Home
3. Supported Living Site 6. Long Term Care Facility

County of Residence:

- | | | | |
|---|---|---|--|
| 1. <input type="checkbox"/> Adams | 25. <input type="checkbox"/> Fulton | 49. <input type="checkbox"/> Marion | 73. <input type="checkbox"/> Spencer |
| 2. <input type="checkbox"/> Allen | 26. <input type="checkbox"/> Gibson | 50. <input type="checkbox"/> Marshall | 74. <input type="checkbox"/> St. Joseph |
| 3. <input type="checkbox"/> Bartholomew | 27. <input type="checkbox"/> Grant | 51. <input type="checkbox"/> Martin | 75. <input type="checkbox"/> Starke |
| 4. <input type="checkbox"/> Benton | 28. <input type="checkbox"/> Greene | 52. <input type="checkbox"/> Miami | 76. <input type="checkbox"/> Steuben |
| 5. <input type="checkbox"/> Blackford | 29. <input type="checkbox"/> Hamilton | 53. <input type="checkbox"/> Monroe | 77. <input type="checkbox"/> Sullivan |
| 6. <input type="checkbox"/> Boone | 30. <input type="checkbox"/> Hancock | 54. <input type="checkbox"/> Montgomery | 78. <input type="checkbox"/> Switzerland |
| 7. <input type="checkbox"/> Brown | 31. <input type="checkbox"/> Harrison | 55. <input type="checkbox"/> Morgan | 79. <input type="checkbox"/> Tippecanoe |
| 8. <input type="checkbox"/> Carroll | 32. <input type="checkbox"/> Hendricks | 56. <input type="checkbox"/> Newton | 80. <input type="checkbox"/> Tipton |
| 9. <input type="checkbox"/> Cass | 33. <input type="checkbox"/> Henry | 57. <input type="checkbox"/> Noble | 81. <input type="checkbox"/> Union |
| 10. <input type="checkbox"/> Clark | 34. <input type="checkbox"/> Howard | 58. <input type="checkbox"/> Ohio | 82. <input type="checkbox"/> Vanderburgh |
| 11. <input type="checkbox"/> Clay | 35. <input type="checkbox"/> Huntington | 59. <input type="checkbox"/> Orange | 83. <input type="checkbox"/> Vermillion |
| 12. <input type="checkbox"/> Clinton | 36. <input type="checkbox"/> Jackson | 60. <input type="checkbox"/> Owen | 84. <input type="checkbox"/> Vigo |
| 13. <input type="checkbox"/> Crawford | 37. <input type="checkbox"/> Jasper | 61. <input type="checkbox"/> Parke | 85. <input type="checkbox"/> Wabash |
| 14. <input type="checkbox"/> Daviess | 38. <input type="checkbox"/> Jay | 62. <input type="checkbox"/> Perry | 86. <input type="checkbox"/> Warren |
| 15. <input type="checkbox"/> Dearborn | 39. <input type="checkbox"/> Jefferson | 63. <input type="checkbox"/> Pike | 87. <input type="checkbox"/> Warrick |
| 16. <input type="checkbox"/> Decatur | 40. <input type="checkbox"/> Jennings | 64. <input type="checkbox"/> Porter | 88. <input type="checkbox"/> Washington |
| 17. <input type="checkbox"/> DeKalb | 41. <input type="checkbox"/> Johnson | 65. <input type="checkbox"/> Posey | 89. <input type="checkbox"/> Wayne |
| 18. <input type="checkbox"/> Delaware | 42. <input type="checkbox"/> Knox | 66. <input type="checkbox"/> Pulaski | 90. <input type="checkbox"/> Wells |
| 19. <input type="checkbox"/> Dubois | 43. <input type="checkbox"/> Kosciusko | 67. <input type="checkbox"/> Putnam | 91. <input type="checkbox"/> White |
| 20. <input type="checkbox"/> Elkhart | 44. <input type="checkbox"/> LaGrange | 68. <input type="checkbox"/> Randolph | 92. <input type="checkbox"/> Whitley |
| 21. <input type="checkbox"/> Fayette | 45. <input type="checkbox"/> Lake | 69. <input type="checkbox"/> Ripley | 93. <input type="checkbox"/> Other: |
| 22. <input type="checkbox"/> Floyd | 46. <input type="checkbox"/> LaPorte | 70. <input type="checkbox"/> Rush | _____ |
| 23. <input type="checkbox"/> Fountain | 47. <input type="checkbox"/> Lawrence | 71. <input type="checkbox"/> Scott | _____ |
| 24. <input type="checkbox"/> Franklin | 48. <input type="checkbox"/> Madison | 72. <input type="checkbox"/> Shelby | |

Estimated Annual Gross Household Income:

1. \$4,999 and below 4. \$5,000-\$9,999 7. \$10,000-\$19,999
2. \$20,000-\$29,999 5. \$30,000-\$39,000 8. \$40,000-\$49,999
3. \$50,000-\$59,999 6. \$60,000-\$69,999 9. \$70,000 +



PROGRAMMING INFORMATION

What type of interests and hobbies does the camper have?

Does the camper have any likes and dislikes that may be useful for staff to know?

Are there any activities that the camper should not engage in?

- Walking Long Distances
- Walking Short Distances
- Campfires/Building Campfires
- Activities that may include physical contact (i.e., relay races)
- Other (please describe)

DAILY LIVING SKILLS

Toileting:

- Uses restroom independently
- Needs reminders to use restroom
- Needs assistance with hygiene in the restroom
- Wears diapers/briefs

Comments:

Eating:

- Eats independently
- Needs some assistance
- Needs total assistance
- Camper is aware of food restrictions if applicable

Comments:

BEHAVIOR MANAGEMENT INFORMATION

Does the camper currently have a behavior support plan in place? <input type="checkbox"/> yes <input type="checkbox"/> no									
Behavior Specialist:		Behavior Specialist Phone Number:							
Does the camper have any specific behaviors that may be of concern in adjusting to the camp community? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain:							
Are there any precipitating factors to these behaviors? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain:							
What methods are most effective in diminishing negative behaviors? <input type="checkbox"/> redirection <input type="checkbox"/> planned ignoring <input type="checkbox"/> positive reinforcement for appropriate behavior <input type="checkbox"/> one on one time <input type="checkbox"/> taking a break/time out		Please explain:							
Has the camper experienced any recent traumatic events that may affect camp experience? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain:							
Please indicate the frequency of the following behaviors:		Current	Past	Never	Please indicate the frequency of the following behaviors:		Current	Past	Never
Wandering					Throwing Objects				
Bullying					Biting				
Withdrawal					Kicking				
Noncompliance					Lying				
Hitting					Sexual Acting Out				
Pinching					Anxiety/Depression				
Hair Pulling					Verbal Threats				
Suicidal Ideation/Attempts					Scratching				
Stealing					Spitting				
Impulsivity					Disrobing				
Swearing					Self-Injurious Behavior				
Mood Swings					Physical Aggression Towards Others				

BEHAVIOR MANAGEMENT

How does the camper communicate?

- Verbally
- Gestures
- Sign Language
- Picture Exchange Communication System
- Communication Device
- Other: _____

Notes:

Sensory Sensitivity
Please check all that apply

- Tactile (touch and textures)
- Auditory (sounds and noises)
- Visual (light, colors, etc..)

How are sensory concerns handled?

Self-Stimulatory Behavior
Please indicate:
N-Never
C-Current
P-Past

- Genital Stimulation
- Hand Flapping
- Head Banging
- Oral Stimulation
- Rocking
- Self-Injurious

How are self-stimulatory behaviors addressed at home and school?