

# Summer Buddies 2023 Social Language Camp

Application Form



## How to apply:

1. Complete Summer Buddies Application Form
2. Email completed form to [infosummerbuddies@gmail.com](mailto:infosummerbuddies@gmail.com)
3. PayPal \$25 Application fee via Venmo to @summer-buddies OR send check to SV Schoolhouse 1438 38th Ave SF CA 94122
4. Receive email confirming submission within 24 hours of paying application fee

Thank you for your interest in our 2021 Summer Buddies Camp programs!

We are so excited to provide an intensive summer program focusing on social language and academics, as well as friendship building skills. Our programs focus on the unique language needs of each camper and provides multiple opportunities to reinforce communication in conversation and play. Daily practice skills include turn taking, eye contact, reciprocal conversation, complimenting & commenting, coping strategies & more! Space is very limited in this unique program and we are eager to create a group of students with complementary skills.

We will follow up with any additional questions before notifying you on the status of your application.

Thank you!

## CAMP DATES + COST

**Session 1:**

**June 12th- June 30th**

**Session 2:**

**July 10th- July 28th**

**Session 3:**

**August 7th - August 25th**

**All sessions are 3 weeks  
\$2,925**

## Identifying and Family Information

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

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address:  
\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address:  
\_\_\_\_\_

Pediatrician: \_\_\_\_\_

Pediatrician Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Teacher Email: \_\_\_\_\_

Does your child receive special education services?  Yes  No If yes, please

specify: \_\_\_\_\_  
\_\_\_\_\_

Do we have permission to communicate with your child's teacher?  Yes  No

### **Family History**

Is there a language other than English spoken at home?  Yes  No If yes, what language? \_\_\_\_\_

Does your child speak the language?  Yes  No

Does your child understand the language?  Yes  No

What is the primary language used with your child? \_\_\_\_\_

### **Child's Medical History**

Does your child have any medically diagnosed conditions?  Yes  No If yes, please describe: \_\_\_\_\_

Has your child had any surgeries, accidents, or hospitalizations?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are there any medications your child takes regularly?  Yes  No If yes, please list: \_\_\_\_\_

Does your child have any known allergies?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have there ever been any feeding problems (e.g., trouble swallowing, sucking, chewing, or excessive drooling)?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is your child currently being treated by any of the following?

Please check all that apply:

- Occupational Therapist  Physical Therapist  Neurologist  Developmental Therapist  
 Speech and Language Pathologist  Psychologist  Other: \_\_\_\_\_

Is there anything else we should know about your child's medical history?

- Yes  No If yes, please explain: \_\_\_\_\_

How did you hear about Summer Buddies camp? \_\_\_\_\_

### **Developmental History**

Does Your Child:

Walk:  Yes  No

Feed self:  Yes  No

Dress self:  Yes  No

Grasped crayon/pencil:  Yes  No

Complete toileting independently:  Yes  No

Have difficulty sleeping  Yes  No

Have difficulty feeding  Yes  No

Have picky eating habits  Yes  No

## Speech and Language History

What are your concerns regarding your child's speech and/or language development?

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Has your child ever received a speech/language evaluation?  Yes  No

Date \_\_\_\_\_

Has your child received speech/language therapy previously?  Yes  No If yes, please describe when, where, and for how long? \_\_\_\_\_

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How does your child communicate? Please check all that apply:

- Gestures/Body Language       Sounds       Single Words
- Short Phrases       Sentences 2-4 words       Sentences over 4 words
- Other: \_\_\_\_\_

Is your child aware of, or frustrated by, any speech/language difficulties?

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**Does your child:**

- Repeat sounds, words, or phrases?  Yes  No
- Point to common objects upon request?  Yes  No
- Greet people using words?  Yes  No
- Ask questions?  Yes  No
- Follow simple directions (i.e. "Shut the door", "Get your shoes")  Yes  No
- Respond to yes/no questions?  Yes  No
- Respond correctly to who/what/where/when/why questions?  Yes  No
- Enjoy playing with toys?  Yes  No
- Enjoy playing with peers?  Yes  No

**Behavioral Characteristics:**

Check all boxes that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> cooperative                   | <input type="checkbox"/> poor eye contact                  |
| <input type="checkbox"/> attentive                     | <input type="checkbox"/> easily distracted/short attention |
| <input type="checkbox"/> willing to try new activities | <input type="checkbox"/> aggressive                        |
| <input type="checkbox"/> separation difficulties       | <input type="checkbox"/> outgoing                          |
| <input type="checkbox"/> easily frustrated             | <input type="checkbox"/> withdrawn                         |
| <input type="checkbox"/> impulsive                     | <input type="checkbox"/> inappropriate behavior            |
| <input type="checkbox"/> restless                      | <input type="checkbox"/> self-abusive behavior             |
| <input type="checkbox"/> friendly                      | <input type="checkbox"/> active                            |
| <input type="checkbox"/> elopement (running away)      |  |

## Scheduling

**We would like to sign up for:**

Check all boxes that apply.

- Session 1 : June 12- June 30
- Session 2: July 10 - July 28
- Session 3 : August 7 - August 25

## Personal Response

What about Summer Buddies best matches the needs of your child?

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What are your hopes for your child's experience at Summer Buddies?

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What are your child's interests and skills?

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What information about your child should we know for them to be successful in our camp?

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Additional Comments:

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