



Eagle's Landing Day Camp

74 Davidson Mill Road
North Brunswick, NJ 08902
732-821-9155 phone / 732-821-5196 fax
www.EaglesLandingDayCamp.com

Educator Questionnaire

Dear Educator,

The family of one of your students is interested in sending their child to Eagle's Landing Day Camp, which offers an inclusion program for children with special needs. Eagle's Landing uses the physical layout and format of a traditional, outdoor, summer day camp. The program is modified and adapted to the needs and abilities of campers who can function within the program setting. The staff are trained, aware, and knowledgeable of the children enrolled.

The Eagle's Landing program is unique and creates certain challenges for students with special needs, such as solo transition times and a completely outdoor setting. The questions below are pertinent to the dynamics of our camp, and we appreciate your candor.

Thank you for your assistance.

The Eagle's Landing Day Camp Inclusion Team

CAMPER ACCEPTANCE CANNOT BE DETERMINED UNTIL THIS FORM IS RETURNED. PLEASE RETURN WITHIN SEVEN DAYS!

I hereby give permission to my child's teacher and/or pertinent school staff to answer the questions below and to communicate with Eagle's Landing Day Camp staff in regards to my child's admission to the camp.

Student _____ Date _____

Parent's Signature _____

Address _____

Teacher _____

School Name _____ Phone (____) _____

School Address _____

Please scan and return: Inclusion@EaglesLandingDayCamp.com

Or Fax: 732-821-5196

Or Mail: Inclusion Team

Eagle's Landing Day Camp, 74 Davidson Mill Road, North Brunswick, NJ 08902

Student _____ Date _____

**Questions to be completed by student's educator
or an informed administrator**

How do you think the student will adjust to a full-day, outdoor camp setting and program?

Does this student display any sensory seeking/sensory aversion behaviors? Yes No
If yes - please explain:

Does this student display any oppositional concerns? Yes No
If yes - please explain:

Does this student display any inattentive hyperactive behavior? Yes No
If yes - please explain:

Please describe social interactions the student exhibits with their classmates.

Please describe interactions and activities the student enjoys with you and other teachers/figures of authority.

Please name any behavior concerns you have observed in your work with this student. What strategies have worked best with these issues. (for example: token economy, behavior modification, time-out, motivators)

What level of supervision does this student require?

Additional comments:

Completed By _____ Date _____

Position _____

If you have any questions, please contact Inclusion@EaglesLandingDayCamp.com or call 732-821-9155