



## **2013 CAMP MILESTONES: TYPICAL PEER APPLICATION**

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

Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Alternate Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies/Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Does your child have experience working, playing, socializing with students with autism?

Yes    No

**I.    What are your child's interests:**

- 1.
- 2.
- 3.

**II.   Preferred activities:**

- 1.
- 2.

3.

**III. Working Behavior: (Check all that apply)**

**Is able to work independently**      **How long?** \_\_\_\_\_

**Is able to stay seated**      **How long?** \_\_\_\_\_

**Is able to transition from one activity to another**

**IV. What academic skills would you like our staff to work on with your child:**

**V. Situation or task demands that might cause him/her to become upset or agitated:**

**VI. Medical Issue(s): Please describe:**

**Medications:**      **Reason for taking:**

**Is there any other information that would be helpful for new staff working with your child?**

**Please return completed application to Leslie Rotsky by Monday, July 15, 2013**  
**Email: [rotsky@milestones.org](mailto:rotsky@milestones.org)   Fax: 216.464.7602**