



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: lrotsky@milestones.org Fax: 216.464.7602**