

## CAMPER QUESTIONNAIRE

We want to get to know your child's interests and personality so that we can better design a program that *fits* their individual needs. Please complete the following as accurately as possible.

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

Name of Parent/Guardian: \_\_\_\_\_

1. Check the blocks that best describe your child.

- |                                                 |                                                        |                                       |                                                    |
|-------------------------------------------------|--------------------------------------------------------|---------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Outgoing               | <input type="checkbox"/> Calm                          | <input type="checkbox"/> Shy          | <input type="checkbox"/> Nervous                   |
| <input type="checkbox"/> Likes to take charge   | <input type="checkbox"/> Organized                     | <input type="checkbox"/> Talkative    | <input type="checkbox"/> Prefers to be with others |
| <input type="checkbox"/> Stubborn               | <input type="checkbox"/> Cautious                      | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Daring                    |
| <input type="checkbox"/> Likes to know the plan | <input type="checkbox"/> Prefers others to take charge |                                       | <input type="checkbox"/> Likes spontaneity         |

2. Does your child have any learning disabilities and/or special needs?  Yes  No  
(Examples: dyslexia, hearing or vision problems, etc.)

Comments: \_\_\_\_\_

3. Does your child have difficulty with authority figures?  Sometimes  Yes  No

Comments: \_\_\_\_\_

4. Does your child get along well with peers?  Sometimes  Yes  No

Comments: \_\_\_\_\_

5. Does your child prefer to play with children who are:  The same age  Older  Younger

6. Please check the box that best describes your child's preference in play style.

- One to one  Small group  Large group  Self-directed  Instructor guided

**Please list up to three things you would like your child to gain from their camp experience this summer.**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Please check the box that describes where your child has had the most swimming exposure:**

- Swimming Pool  Ocean Front  Lake  Pond  Other

**Which of the following best describes your child's skill in the water?**

- Likes the water  Afraid of water  Swims  Can't swim  Swims with a float

Comments: \_\_\_\_\_

Is there anything you would like us to know about your child that might make their experience more successful? [Such as favorite things, to do, special interests, sports or leadership interests]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_