

Camp Riley Teacher Consent Form

Note to Teacher: The following information is extremely important to help Bradford Woods staff and the IU Health Camp medical team determine the best cabin placement for the child. Please be specific so Camp Riley can provide the best camping experience possible for your student.

Camper's Name: _____

Camper's School: _____

School Address: _____

Teacher(s) Name: _____

Phone: _____

E-mail: _____

At what age level is the child functioning?
(Indicate months/years with age) _____

At what age level is the child functioning within a social
context? (Indicate months/years with age) _____

Is the child in a special education class? Yes ___ No ___
If so, what type? _____

Please describe child's receptive communication ability.

Please describe child's expressive communication
ability.

Please explain specific behavioral difficulties and
successful management techniques, if any.

What level of personal care does child receive at school
(mobility, feeding, toileting, number of people required
to assist, etc.)?

Does this child have a 1:1 aide in the classroom?
Yes ___ No ___

If yes, what is the aide's focus (e.g. academic support,
physical assistance, behavioral support)?

To best support the camper in an accessible outdoor
environment, what staff-to-child ratio would you
suggest?

1:1 ___ 1:2 ___ 1:3 ___ 1:4 ___ 1:5 ___

Please briefly explain:

For campers applying to Venture (Beyond the Woods):

Please tell us about the child's strengths and academic
goals. What skills will he/she need to be successful in
post-secondary education?

Teacher's Signature

Date