



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Specialized Instruction



SUMMER 2016 CAMP BELIEVE ”
SOCIAL & EMOTIONAL LEARNING PROGRAM
APPLICATION AND CASE HISTORY QUESTIONNAIRE

Office of Special Education
Mental Health Behavioral Supports Services program
(202) 907-8056 (office)
(202) 654-6153 (fax)

DATE: _____ STUDENT ID#: _____ STUDENT’S SEX: _____

STUDENT’S NAME: _____
(Last) (First) (Middle)

BIRTH DATE: _____ S.S.#: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

(City) (State) (Zip Code)

TELEPHONE: _____
(Home) (Cellular)

EMERGENCY CONTACT: _____
(Other than Parent/Guardian) (Name/Relationship) (Telephone)

ATTENDING SCHOOL: _____ GRADE: _____

PRINCIPAL: _____

CLASSROOM TEACHER: _____ SOCIALWORKER: _____

ELIGIBLE FOR ESY? - - YES/NO _____

MEDICAL HISTORY

(For each of the following, circle YES or NO and give age at which illness occurred)

Is your child on any medications? _____ If yes, what? _____

Reason: _____

Allergies: YES / NO _____ Diet Restrictions? YES / NO _____

Behavioral Support Services

Has your child been referred for behavioral concerns in school? _____
If yes, please attach any referrals, trackers or assessment reports that discuss behavioral concerns.

Does your child have a DCPS Individualized Education Program (IEP)? _____
If yes, please attach a copy of the DCPS IEP.

Is he/she currently receiving Behavioral support intervention services? _____

If so, what is the duration and type of goals?

Is your child receiving outside counseling? _____

What agency is providing counseling intervention services? _____

PARENT/GUARDIAN AGREEMENTS

- Camp Believe is not a substitute for Extended School Year (ESY). Students found eligible for ESY must first utilize those services.
- Parent/Guardian and emergency contacts must be reachable **two** weeks prior to the start of camp.
- Camp administrators reserve the right to dismiss participants from the camp for tardiness and/or late pick-up when it occurs on three (3) occasions.

Parent/Guardian's Signature Date

****Please submit a completed Parent & Teacher's age appropriate Strengths & Difficulties Questionnaire and a written recommendation from a school staff.***

All applications must be received by Friday, May 6th, 2016

Applications must be submitted via the following methods:

Email: tamara.dukes@dc.gov

Fax: (202) 654-6153

US Postal Service: 1200 First Street, NE Washington, DC 20002
11th Floor, Office of Student Wellness
School Mental Health Services
Attention: Tamara Dukes

Parents will be notified of acceptance to the camp program by June 4, 2016