



**SUMMER 2016 "CAMP LET'S GO"**  
**SUMMER LANGUAGE ENRICHMENT PROGRAM**  
**APPLICATION AND CASE HISTORY QUESTIONNAIRE**  
Office of Specialized Instruction  
Department of Speech Language Pathology  
(202) 505-0756 (cell phone)  
(202) 535-1391 (fax)

**\*\* Please print clearly the information below\*\***

**DATE:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**BIRTH DATE:** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ **S.S.#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**STUDENT'S AGE** \_\_\_\_\_ **STUDENT'S GENDER:**  Male  Female

**NAME OF PARENT/GUARDIAN (First and Last Name):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

(City)

(State)

(Zip Code)

**TELEPHONE:** \_\_\_\_\_  
(Home) (Cellular)

**PARENT/GUARDIAN'S EMAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
(Other than Parent/Guardian) (Name/Relationship) (Telephone #)

**ATTENDING SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**PRINCIPAL:** \_\_\_\_\_

**CLASSROOM TEACHER:** \_\_\_\_\_

**ELIGIBLE FOR Extended School Year (ESY)? - - YES/NO** \_\_\_\_\_

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

Meningitis - - YES / NO \_\_\_\_\_ Encephalitis - - YES / NO \_\_\_\_\_

Convulsions or Seizures - - - YES / NO \_\_\_\_\_ Allergies - - YES / NO \_\_\_\_\_

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Is your child on any medications? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Reason: \_\_\_\_\_

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Toilet Trained? - - YES / NO \_\_\_\_\_

Diet Restrictions? - - YES / NO \_\_\_\_\_

## ***SPEECH-LANGUAGE HISTORY***

### **AUDITORY**

- Has your child ever had a hearing problem? \_\_\_\_\_ If so, give date and results of findings? \_\_\_\_\_
- When was the last time your child had his/her hearing tested (audiometric testing)? \_\_\_\_\_
- Does your child have any difficulty following directions at home or in group situations? If so, please describe the difficulty he/she demonstrates with following directions. \_\_\_\_\_
- Has your child ever had difficulty understanding what was being said? If so, please provide an example. \_\_\_\_\_
- Does your child demonstrate joint attention (shared interest) when engaged in activities with you and/or his/her peers? \_\_\_\_\_
- Does your child consistently respond to his/her name when called? \_\_\_\_\_

### **LANGUAGE**

- At what age did your child say his/her first words? \_\_\_\_\_
- At what age did your child begin naming familiar objects? \_\_\_\_\_
- At what age did your child begin using word combinations (putting 2-3 words together) to name objects and/or make requests? \_\_\_\_\_
- At what age did your child begin using complete sentences? \_\_\_\_\_
  - Give an example: \_\_\_\_\_
- Has your child ever had difficulty understanding what was said? \_\_\_\_\_
  - Give an example: \_\_\_\_\_
- Can your child's speech be clearly express his/her wants/needs when using words and/or sentences? \_\_\_\_\_
- Does your child appear to know the word he/she wants to say but seems unable to get the word out? \_\_\_\_\_
- Is your child easily understood by others in the community/school? \_\_\_\_\_
- What is the primary language spoken in the home? \_\_\_\_\_

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**PRAGMATICS**

- Does your child have any behavioral problems at home or school (i.e., easily frustrated, tantrums, hitting/biting, self-injurious behaviors, etc...)? If so, please describe those behaviors.  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child engage in turn-taking and/or sharing when playing games and/or with other children/adults?  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child prefer to play by himself/herself, instead of playing with his/her peers?  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have difficulty transitioning (moving) between preferred to non-preferred activities? If so, please describe.  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child use words appropriately to request and reject an action/object? Please, provide an example of your child may say to get or refuse an action/object.  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child demonstrate eye contact (looks at you) when speaking and/or being spoken to?  
\_\_\_\_\_  
\_\_\_\_\_
- How does your child typically respond when he/she does not get his/her way (i.e., what does he/she do or say)?  
\_\_\_\_\_  
\_\_\_\_\_

**SPEECH THERAPY**

- Has your child been seen for a speech/language evaluation? \_\_\_\_\_
  - If yes, please attach a copy of the speech and language assessment report to this application.
- Does your child have a DCPS Individualized Education Program (IEP)? \_\_\_\_\_
  - If yes, please attach a copy of the DCPS IEP to this application.
- Is he/she currently receiving speech-language therapy services? \_\_\_\_\_ If so, how many minutes per week/month does he/she receive? \_\_\_\_\_
- If your child is currently receiving speech and language services, what skills is he/she working on in his/her therapy sessions?  
\_\_\_\_\_  
\_\_\_\_\_
- What agency is providing the speech-language intervention services (DCPS and/or another outside agency)?  
\_\_\_\_\_

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## **PARENT/GUARDIAN AGREEMENTS**

- Camp Let's Go 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. Parents/Guardians are responsible notifying Camp Administrators regarding change in emergency contact information.
- Participants must be *fully* toilet trained prior to the start of camp.
- Camp administrators reserve the right to dismiss participants from the camp due to tardiness and/or late pick-up when it occurs on three (3) occasions.
- Camp administrators reserve the right to dismiss participants from the camp secondary to behavioral issues (i.e., non-compliance, aggression, work refusal, etc...)
- Camp fee of \$30 for accepted students is *non-refundable*.

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Parent/Guardian's Signature

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Date

***All applications must be received by Friday, May 6<sup>th</sup>, 2015***

**Applications must be submitted via the following methods:**

- **Email:** [tiffany.white2@dc.gov](mailto:tiffany.white2@dc.gov)
- **Fax:** (202) 535-1391
- **Mail:** 1200 First St. NE,  
DSI, 8<sup>th</sup> floor (Attn. Tiffany A. White)  
Camp Let's Go  
Washington D.C. 20002

**Parents will be notified by mail regarding whether or not their child has been accepted/denied to the camp program by late May/early June.**