



# DEVELOPMENTAL HISTORY 2024

Camper \_\_\_\_\_  
Last Name First Name

Session \_\_\_\_\_

Does your child have a 504 or IEP at his/her school for any reason other than their diabetes?

Yes  No

If your child has an IEP or 504 at school, would you be willing to share important topics of the document with us?

Yes  No

If yes, please list important topics:

Have there been any recent changes in your family dynamics (divorce, separation, death of loved one, etc.)?

Yes  No

If yes, please explain:

Have there been any impactful events in your child's life in the past year (change of home or school, etc.)?

Yes  No

If yes, please explain:

Has your child been hospitalized or evaluated for any mental health concerns?

Yes  No

Does your child have any emotional or behavioral challenges (homesickness, anxiety, socialization challenges, etc.) that we can help to manage in the camp setting?

Yes  No

If yes, please share details:

If your child becomes upset, what kinds of coping mechanisms do they use to calm down?

Does your child have any physical issues that we will need to know about during his/her stay at camp (bedwetting, sleep walking, night terrors, etc.)?

Yes  No

If yes, please share details:

Is there anything about your child that you can share with us that will help your child to succeed at camp?

Yes  No

If yes, please explain:

What are your camper's interests?

What are your camper's biggest fears?