# Child’s Name: Click or tap here to enter text.

Parent’s Name: Click or tap here to enter text.  
Parent’s Contact: Click or tap here to enter text.

Date: Click or tap to enter a date.

# **About Your Child for Summer Enrichment**

\*From the Vermont Agency of Education’s [Student Participation in Flexible Pathways Tool](https://education.vermont.gov/documents/flexible-pathways-profile-a-tool-to-evaulate-flexible-pathways-a-local-level)

# This form is an easy way to think about your child and what they might need at camp this summer to be successful. Consider each of the areas and make a few notes that you would like to share with the camps and camp staff so that they can get to know your child.

| **Student Interests and Goals** | **Answer** |
| --- | --- |
| What are some things your child is interested in? (e.g., arts, sports, science, math, writing, career exploration, making new friends, crafts, theater, music.) | Click or tap here to enter text. |
| Are there things that you child wants to learn this summer? (e.g., learn to swim, learn to read, learn new games, learn about nature, learn new crafts.) | Click or tap here to enter text. |
| Name one thing you would like to see happen for your child this summer. | Click or tap here to enter text. |

| **Student Strengths and Needs** | **Answer** |
| --- | --- |
| What kinds of supports does your child need to be successful in this program? | Click or tap here to enter text. |
| What kinds of things could the program do to help your child get ready to attend? What would your child like to know about the program before they attend? | Click or tap here to enter text. |
| What strengths and skills does your child have that will help them be successful in this program? | Click or tap here to enter text. |
| What might make it challenging for your child to participate in any of the program’s activities? | Click or tap here to enter text. |
| How does your child communicate? Is there anything the program can do to help your child communicate? | Click or tap here to enter text. |
| Will your child need transportation to participate in the program? Does your child need any accommodations when being transported? | Click or tap here to enter text. |