



## Parent/Counselor Confidential Assessment

### SECTION 1

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Camp your child is attending:     Junior Y Kids Club                       Summer Y Kids Club                       Teen Camp

Weeks your child is attending (please circle)    1    2    3    4    5    6    7    8    9

Age \_\_\_\_\_ School grade in Fall \_\_\_\_\_ Home phone # \_\_\_\_\_ DOB \_\_\_\_\_

What does he/she like to do best? \_\_\_\_\_

Is there an activity your child particularly wants to do at Camp, please tell us: \_\_\_\_\_

How does your child get along with others that are the same age? \_\_\_\_\_

Does your child have any serious fears? If so, please tell us about them: \_\_\_\_\_

Please list three objectives you have for your child at the Sussex County YMCA Day Camp. Please write them in order of importance:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please tell us any information you would like to share about your child that you think would help us better understand him/her and their needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there one child, the same age and grade, whom your child would like to be in the same group with, please write his/her name: \_\_\_\_\_

*Please note: We cannot guarantee that they will be put together, but we will try our best!*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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*To be completed by Counselor following the child's departure and mailed to parents*

### SECTION 2

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

How did the camper demonstrate progress towards achieving the objectives stated by his/her parents?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What other values do you see he/she gained from this camp experience?

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Counselor completing report \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3

*Please Complete this Section & Return to YMCA*

#### Parents Section:

1. How did your child demonstrate progress toward achieving the objectives you had in mind before he/she attended Camp? \_\_\_\_\_

\_\_\_\_\_

2. Do you see any other values he/she has gained from this camping experience? \_\_\_\_\_

3. Did you receive adequate information about Camp prior to arrival? \_\_\_\_\_  
If not, please indicate in what way communication could be improved: \_\_\_\_\_

\_\_\_\_\_

4. If there is something you would like to see changed or done differently at Camp, please tell us: \_\_\_\_\_

\_\_\_\_\_

5. Would you expect to have your child attend Sussex County YMCA next summer?

Yes       No      Comments: \_\_\_\_\_

#### Camper Section:

1. What do you remember about Camp as "the best"? \_\_\_\_\_  
"the worst"? \_\_\_\_\_

2. Would you like to come back to Camp next summer?       Yes       No

3. Please rate your counselors: Name: \_\_\_\_\_      poor      fair      good      excellent