

Sussex County YMCA Summer Day Camps • 15 Wits End Rd • Hardyston, NJ 07419 • 973-209-9622

Parent/Counselor Confidential Assessment

SECTION 1

Camper's Name _____ Nickname _____

Camp your child is attending: Junior Y Kids Club Summer Y Kids Club Y Sports 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. _____

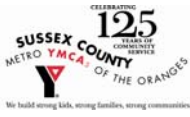
3. _____

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