

# Camp Crescent Moon

Sickle Cell Disease Foundation  
3602 Inland Empire Blvd., Suite B140, Ontario, CA 91764  
Phone (909) 743-5226 • Fax (909) 743-5227 • email: deborahg@scdfc.org

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TEACHER QUESTIONNAIRE Required for ALL CAMPERS

*Your information will help us provide the most positive experience possible for our campers. Teachers often have keen insight into how children interact with their peers, accept direction/discipline, express their frustrations, learn and understand and most importantly what it is they enjoy doing. Thank you for taking the time to help us.*

1. Please give a brief description of the child (outgoing, shy, easily frustrated, a leader/follower, etc.)

---

---

2. What are the child's strengths and weaknesses and in what area does the child feel the greatest success?

---

---

3. What kinds of challenges does the child encounter while in school? \_\_\_\_\_

---

---

What have you found to be the best way to help him/her resolve these challenges? \_\_\_\_\_

---

---

4. What grade is the child currently in? \_\_\_\_\_

Does child work at that grade level?  Yes  No \_\_\_\_\_

Does child receive any special tutoring?  Yes  No \_\_\_\_\_

Does child have a learning disability?  Yes  No \_\_\_\_\_

Does child follow directions?  Yes  No \_\_\_\_\_

Is child easily distracted?  Yes  No \_\_\_\_\_

How do you keep child on task? \_\_\_\_\_

5. Is there any information that has not been covered that you feel would be helpful to us? (recent changes in the child's world, life stressors, difficulty with school, peers, etc.) \_\_\_\_\_

---

---

Teacher's Name: \_\_\_\_\_ Phone Number: (       ) \_\_\_\_\_

School: \_\_\_\_\_ Subject (if applicable): \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_