

Camp Crescent Moon

Sickle Cell Disease Foundation of California
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: _____