

REACH & REACH FOR TEENS Program Application

Camper's Name _____ Male Female

Date of Birth: _____ Age: _____ Grade: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Name of School _____ Size/Type of Classroom _____

Please Check One: Email Address: _____

_____ **I am interested in the REACH Program (Inclusion program for campers with disabilities entering Kindergarten – 10th grades).**

The REACH Program is an exciting opportunity for campers (entering kindergarten- 10th grade) with special needs to experience Hofstra Specialty Camps with peers. The REACH Program provides a safe and positive setting for campers with disabilities to be included in Hofstra Specialty Camps, activities, and enjoy peer interactions, with supports and/or modifications when necessary (not applicable to Sports Academy Camps and/or BOCES/precollegiate programs). The REACH Program provides a perfect setting for ongoing interventions during the summer break. Campers have ample opportunities to generalize and enhance social and daily living skills.

Please send completed application and supporting paperwork to: reach@hofstra.edu

_____ **I am interested in the REACH for TEENS Program (Self-contained program for campers with disabilities entering 10th – 12th grades).**

The REACH for TEENS Program helps campers (entering 10th – 12th grades) who are enrolled in special education settings and require additional assistance as they transition to adulthood. Independent living and self-advocacy skills are key components to success as individuals with special needs follow the pathway to employment, maintaining relationships and functional independence in daily living skills. Our goal at Hofstra Reach Program for teens is to provide natural opportunities for learning within the community as well as encouragement for all campers to become increasingly independent while learning the responsibilities and benefits of working together with others towards a common goal. This program encourages individuals with special needs to put their newly acquired skills to the test on a daily basis throughout the summer!

Please send completed application and supporting paperwork to: reach-teens@hofstra.edu

- Please include your child's most recent IEP and BIP (if applicable). Applications **WILL NOT** be reviewed without all necessary documents.
- Please be aware the space is EXTREMELY limited in both programs and once your child is cleared for admission you will need to register immediately to secure your child's sessions.
- All applicants must be accepted into the program by the program director prior to registration. If you register before your camper is accepted, you WILL NOT receive REACH support services.

REACH/REACH for TEENS Camper Intake Form

Please be specific when completing each area (please attach additional pages if needed)

Camper Name: _____

Has your child ever attended summer camp? If so, where?	
Describe your child's current educational setting (self-contained, inclusion, general education) and support services.	
Describe your child's current relationship with and/or reaction to peers.	
Describe your child's current relationship with and/or reaction with adults.	
Does your child have a behavior intervention plan (BIP)? If yes, please attach	
Does your child exhibit any interfering behaviors? If so, please be specific	
Is your child currently on any medications and/or have any allergies? If any please list medications/reasons.	
Is your child on a specific diet? If yes please explain.	
Can your child swim? (in shallow and/or deep water)	
Describe how your child reacts to frustration. Please be specific.	
Describe your child's current method of communication. Please be specific.	
Is your child independent in his/her daily living skills (toileting, eating, dressing)? Please be specific.	
Describe any strategies/techniques/therapies that have been successful for your child.	
Describe your child's dislikes and/or fears.	
Describe your child's likes, interests, reinforcers, hobbies, and talents.	

**Hofstra Summer Camps
REACH Program
Camper Goal Form**

Camper Name: _____

Please list 3 goals (social/behavioral) you would like the REACH staff to work on with your camper this summer.

1.

2.

3.