



## Counselor Report

For:

### Counselor Report

Camper's Name:

Attendance check-in date:

Type of session:

Counselor Name(s):

Please enter all information requested to help future counselors with this individual

Personal care needs comments:

Effective behavior management techniques:

Mealtime tips:

Other suggestions:

Recommendations for future attendances:

- |  |  |
|--|--|
| <input type="checkbox"/> Candidate for week-long trips | <input type="checkbox"/> Recommend bedside rails |
| <input type="checkbox"/> Candidate for week-end trips  | <input type="checkbox"/> Recommend bed on floor  |
| <input type="checkbox"/> Recommend JFY                 |  |

Staff ratio recommendation (staff:camper):

Best transfer method:

### Daily Interactions

Please provide a few words about interactions you've had with the individual on these given days:

Sunday:

Monday:

Tuesday:

Wednesday

For: \_\_\_\_\_

Thursday:

Friday:

Saturday: