

Dear Parents,

Although the summer seems far off, we are busy preparing for the upcoming 2008 camp season. Our city office has mailed applications to all former campers and registration is in full swing.

Registration procedures will be modified somewhat for returning Learning Center Program campers. It is most important that you follow these procedures carefully and adhere to the timelines.

a) Any parent wishing his child to return to the Sternberg Learning Center Program should fill out the enclosed forms and mail them to: Esther Ranells, 2/11 Chai Taib, Jerusalem, Israel. These forms must be received before December 15, 2007.

b) The following are the reports which must be submitted:

- 1) Current IEP's
- 2) Current teacher reports for all religious and secular subjects indicating your child's functional level, skills that need review, that need to be taught, books that were used, and the child's behavior patterns. You should send the books she used in school up to camp with her. If the teacher can prescribe a summer program, it would be helpful. Any suggestions your child's teacher can make will be gladly received.
- 3) A recent psychological evaluation done after December 2005 ( the more recent the better), if available.

Acceptance will be based on our evaluation and knowledge of your child, and our ability to meet her individual needs. We will try wherever possible to accommodate parental needs as well.

Sincerely,  
Esther Ranells  
Camp Sternberg  
Learning Center  
Program Coordinator

## LEARNING CENTER PROGRAM INFORMATION SHEET

Camp Sternberg Learning Center services children with learning difficulties who receive special services or resource room throughout the year. These campers are mainstreamed with regular campers for all camping activities, including bunking, sports, crafts, trips, swimming, etc. In addition to these activities the Learning Center campers receive one or two learning sessions per day to help remediate their specific learning deficits. These learning sessions include both Hebrew and English studies. Campers interested in applying to the Learning Center program will be required to submit the following:

1. A regular camp application (the fee will be established in the usual manner). Please do not send a deposit even if you will be paying full fee.
2. Learning Center application (enclosed)
3. A current psychological report prepared by a licensed psychologist, or the C.S.E.
4. A current educational assessment report by C.S.E., school personnel or private Agency.
5. A school report prepared by the principal and / or teacher from the school currently attended.

ITEM #1 SHOULD BE RETURNED TO THE CAMP OFFICE:  
1123 Broadway Rm. 1019 NYC 10010

ITEM #2,3,2, & 5 SHOULD BE SENT TO THE FOLLOWING ADDRESS:  
Esther Ranells  
2/11 Chai Taib  
Jerusalem, Israel

6. An interview will be conducted by Yael Wedeck, CSW  
(973) 815-1673 Passaic, NJ
7. If the camper is accepted, a Fee Form will be sent to the parent indicating the trips for which the camper has been accepted and the fee established. At this time a deposit will be required.

CAMP STERNBERG LEARNING CENTER APPLICATION

Camper's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Parent's or Guardian's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

School Address \_\_\_\_\_ School Telephone \_\_\_\_\_

Agencies involved with family or camper \_\_\_\_\_

Agency contact person \_\_\_\_\_ Telephone \_\_\_\_\_

What are you child's strengths? \_\_\_\_\_

\_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

\_\_\_\_\_

Other children in family:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Childs Development: Age these milestones were reached:

Sitting: \_\_\_\_\_

Toilet Training \_\_\_\_\_

Walking: \_\_\_\_\_

Tying and buttoning: \_\_\_\_\_

Speech: \_\_\_\_\_

Balance and coordination: \_\_\_\_\_

Please check off if the child displays the following behavior to a greater degree than most pupils her age:

Distractibility: \_\_\_\_\_

Short Attention span: \_\_\_\_\_

Hyperactivity: \_\_\_\_\_

Temper Outbursts: \_\_\_\_\_

Daydreaming: \_\_\_\_\_

Speech and language delays: \_\_\_\_\_

Unusual Behavior: \_\_\_\_\_

Visual Acuity: \_\_\_\_\_

BEHAVIORAL OBSERVATIONS:

Behavior with teachers / adults: \_\_\_\_\_

Behavior with parents: \_\_\_\_\_

Behavior with siblings: \_\_\_\_\_

What strategies have helped this child improve his behavioral adjustment? \_\_\_\_\_

HEALTH

Significant physical problems (check):

\_\_\_seizures \_\_\_asthma \_\_\_other allergies \_\_\_orthopedic \_\_\_cardiac \_\_\_obesity

\_\_\_needs glasses \_\_\_needs dental care \_\_\_other

Medication: \_\_\_Yes \_\_\_No Type / Name \_\_\_\_\_

Explain any hospitalizations; serious illness or injuries: \_\_\_\_\_

Current health status:

Hearing: \_\_\_\_\_

Nail biting: \_\_\_\_\_

Vision: \_\_\_\_\_

Thumb sucking: \_\_\_\_\_

Eating: \_\_\_\_\_

Enuresis (bedwetting): \_\_\_\_\_

Sleeping: \_\_\_\_\_

Other: \_\_\_\_\_

Please indicate any other pertinent information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LEARNING CENTER

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
School: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Special tutor / Resource Room teacher's:

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

I (would / would not) like my daughter \_\_\_\_\_ to receive Learning Center service, summer 2008. I am aware that she may only receive one session per day, depending on staffing and number of students. If possible, I would like (one / two) sessions per day (Hebrew and English).

The three most important subjects to cover are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Specific skills in each subject needing remediation:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

My child needs work in social areas (please explain):

Following instructions: \_\_\_\_\_  
\_\_\_\_\_

Organizing Possessions: \_\_\_\_\_  
\_\_\_\_\_

Ignoring Distractions: \_\_\_\_\_  
\_\_\_\_\_

Beginning a conversation: \_\_\_\_\_  
\_\_\_\_\_

Accepting a compliment: \_\_\_\_\_  
\_\_\_\_\_

Recognizing another's feelings: \_\_\_\_\_  
\_\_\_\_\_

Dealing with anger: \_\_\_\_\_  
\_\_\_\_\_

Using self control: \_\_\_\_\_  
\_\_\_\_\_

Problem solving: \_\_\_\_\_  
\_\_\_\_\_

Accepting constructive criticism: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Please give this to your child's special-ed resource teacher, private tutor. It should be filled out in April-May and sent to me.

Short-term objectives should include conditions, behavior, and criteria.  
This may be abbreviated as follows:

Example: WHO:

GIVEN: Sheet with 10 CVVC words on it

WILL: read orally

AT: 50 correct words per minute, no more than 2 errors per minute.

Your ability to be specific will help us to better serve your students.

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1. WHO: \_\_\_\_\_  
GIVEN: \_\_\_\_\_  
WILL: \_\_\_\_\_  
AT: \_\_\_\_\_

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2. GIVEN: \_\_\_\_\_  
WILL: \_\_\_\_\_  
AT: \_\_\_\_\_

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3. GIVEN: \_\_\_\_\_  
WILL: \_\_\_\_\_  
AT: \_\_\_\_\_

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4. GIVEN: \_\_\_\_\_  
WILL: \_\_\_\_\_  
AT: \_\_\_\_\_

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5. GIVEN: \_\_\_\_\_  
WILL: \_\_\_\_\_  
AT: \_\_\_\_\_