

GROWING SOCIAL SUMMER CAMP 2020 APPLICATION PACKET

APPLICATION DEADLINE: APRIL 18TH

PLACEMENT LETTERS WILL BE MAILED: THE WEEK OF April 27th

Camp rates on page 8

INSTRUCTIONS: PLEASE COMPLETE THE APPLICATION IN FULL, INCLUDING ALL RELEVANT REPORTS.

IF A RETURNING CLIENT, PLEASE COMPLETE PAGES 4 and 8-12:

MAIL PACKET AND \$250.00 DEPOSIT TO:

GROWING SOCIAL

35 LARKIN VALLEY RD. WATSONVILLE, CA 95076

GROWING SOCIAL THERAPEUTIC PROGRAM

Growing Social programs offer students with social learning differences a unique opportunity to improve their social learning skills and understanding, while engaging in functional, meaningful and motivating activities often related to animals, gardening and cooking. These sessions are highly therapeutic and are led by speech and language pathologists who have over 20 years of experience working with this population.

THERAPISTS

Stephanie Madrigal, M.A., CCC-SLP, is a Speech-Language Pathologist specializing in working with students with social learning challenges. She worked alongside Michelle Winner of "Social Thinking"[™] (www.socialthinking.com), in San Jose for 15 years, created the internationally recognized children's learning concept "Superflex[©]," taught students age K-adult, trained teachers, parents and professionals across the country and beyond. She is praised for her creative and engaging lessons, dynamic training style for teachers and professionals, and deep knowledge of "Social Thinking"[™] and related concepts and various cognitive behavioral treatment models.

Amy Miller, M.A., CCC-SLP, is a Speech and Language Pathologist with an expertise in working with students with social learning challenges, and who has a love for organic farming and gardening. She has worked as a clinician for Michelle Winner's Center for Social Thinking, and then as clinic director for the nonprofit Teach Social. To deepen her knowledge and passion of organic farming and gardening, she completed the UCSC apprenticeship in Agroecology through "The Center for Agroecology and Sustainable Food Systems". She enjoys using garden and farm-based activities as a vehicle to teach social learning, independent living (including cooking and nutrition), and vocational skills to young students through adults with social learning challenges.

GROWING SOCIAL CAMP ATTENDEES

This program is geared towards students ranging in age from five through young adult and with social learning challenges including those with Social Communication Disorder, Autism Spectrum Disorder, ADHD, ADD and those without a formal diagnosis but who struggle socially. Opportunities for older students include participating as a Camp Counselor, Community Outing Camp, or Social Vocational Camp. In small groups of 4 or less, students explore and then practice applying social learning, executive functioning and related concepts through group activities often involving farming/gardening, cooking and farm animals (as well as other activities that capitalize on student interests). Camps typically take place on a small farmstead near Watsonville, CA.

GROWING SOCIAL CAMPS MAY NOT BE APPROPRIATE FOR ALL STUDENTS

Unfortunately, we are unable to support students in the program who have significant behavior challenges (i.e., extreme defiance, physical aggression, bolting, etc.). Depending on the student, we may be able to meet their needs through a shorter, more structured individualized program. ***Due to the fact that this approach is rooted heavily in language, it is most appropriate for students who have strong verbal and thinking skills.***

SPECIALIZED, INDIVIDUAL INSTRUCTION

Social lessons draw on a variety of social learning treatments and tools including those grounded in social developmental and cognitive behavioral treatment. Both Amy and Stephanie have extensive experience teaching social learning to children, teens and adults in both individual and small group settings.

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PARENT CONSULTATION

Each session includes a strong parent component, as we believe this to be instrumental in carrying concepts over into the home and to the student's support team. A 15-20 minute parent wrap-up takes place at the end of each session in order to provide the information and concepts covered each day. Parents are highly encouraged to attend these informative wrap-ups. Additional team consultation can also be scheduled over the summer.

POSSIBLE AREAS EXPLORED THROUGH GROWING SOCIAL CAMPS/SESSIONS

Areas of exploration related to social learning	Additional potential areas of exploration
<ul style="list-style-type: none">• Social awareness/attention and interaction skills• Problem solving• Body/brain awareness• Executive functioning• Emotional Regulation• Independence/self-advocacy• Strengths, grit and empowerment lessons <p><u>Teens and adults:</u></p> <ul style="list-style-type: none">• Social Interaction awareness and skills• Making impressions• Social vocational competencies• Executive functioning• Advocating and problem solving• Social goal setting and generalization	<ul style="list-style-type: none">• Basic plant science and related concepts• Gardening skills including propagation and harvesting• Cooking and nutrition• Knowledge and skills for a healthy lifestyle• Functional living skills (cooking)• Team building

LOCATION

Larkin Valley Farm is a small farmstead with some animals that may include: chickens, ducks, pigs, bees and a gentle farm dog. If your son/daughter has any food allergies, is allergic to bee stings, or has a fear of dogs or other animals, please be sure to include that information when submitting your application.

ENROLLMENT/AVAILABILITY CHART (PAGE 4)

Great care is taken in placing students in appropriate camp groups. Students are matched based on their ages, strengths and challenges including perspective taking, social language and auditory processing abilities.

Indicating your preferred camp days and times does not guarantee placement, as there needs to be a good match with other students that have similar availability. Please be sure to fill out the availability chart by indicating **ALL POSSIBLE AVAILABILITY**. The more availability listed on the application, the more likely we are to be able to place your child in a group.

Both full day and half-day camp options are included.

If an appropriate group is not available, your son or daughter will be placed on a waiting list. We will contact you immediately if a group placement should become available, or will give individual session options if available.

SCHOLARSHIP FUNDING/SIBLING DISCOUNT

The intention of Growing Social is that all students are able to attend camp, regardless of funding. If funding is preventing your son/daughter from attending camp, please complete the scholarship application form and send it along with your application form. A sliding scale option or installment payment plans may also be available, please contact us for details.

Families who have more than one son/daughter attending the Growing Social Summer Camp will receive a discounted rate of 10%.

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Service Descriptions

Therapeutic Summer Camp Sessions

Within small groups matched by age and skills, students will be taught a range of concepts related to social learning and executive functioning, and then given practice implementing these concepts and related skills through gardening, cooking, and other creative and motivating activities capitalizing on the student's strengths and interests. This dynamic approach has proven to be incredibly successful and highly rewarding for our campers and their families.

Previous camp themes include: Dungeons and Dragons Camp, Live Action Role Play Camp, Build a Food Business Camp, Holiday Camp, Farm Fixer Upper Camp, Be a Farmer Camp, Farm Café Camp and Zombie Camp, just to name a few. Please share if your son or daughter has specific interest, or would enjoy a specific camp theme.

Camp Counselor Program (Available for students 9th grade-Young Adult) The camp counselor summer camp program is intended for high school students who are aware of and have experience working on their social learning differences, and are motivated to continue their own learning through acting as a camp counselor for a younger student group. Camp counselors participate in a camp session where they are a "camp counselor" and assist with a younger student group, as well as their own daily "camp counselor" sessions (typically two-three hours before or after the session when they are a camp counselor). Camp counselor students further their own learning related to areas such as perspective talking, problem solving, asking for help, flexibility, social-vocational skills, as well as exploring and receiving feedback on their participation as a camp counselor. In our experience, we have found the camp counselor program is most successful for counselors who are motivated to participate, and have had some level of social learning themselves. Please note, this is typically an all-day program.

Social Vocational Camp Sessions: (Available for students age 16 through young adult)

Participating in a social vocational program at the farm gives teens and young adults the unique opportunity to practice social skills in a setting that mimics a work experience, as well as working on job related skills such as asking for help, problem solving, teamwork and organization. The curriculum, in addition to exploring the more sophisticated social underpinnings related to the work environment, bolsters self-esteem, and helps to empower students, allowing them to better persevere through challenging experiences. These camps are provided when there are enough students signed up that are appropriate for this format. Please indicate on the application if interested in a social vocational group.

Previous Social Vocational Camp Curriculums include: Farm Coffee Shop, Farm Café, Farm and Garden Internship, Adulting Camp (preparing for or in the adult world).

Individual Sessions:

We are able to meet requests for individual sessions after group camps are scheduled. These sessions provide an additional option to those students requiring specific instruction or in addition to camp sessions. Please indicate ALL possible times that your son/daughter could attend an individual session.

Other Educational Consultation:

Our goal is to support families and their educational teams. We offer consultation services, which may include, attending meetings, as well as consulting with parents and teams regarding IEP goals, services, etc. During the summer, many families have benefitted from additional consultation services to explore how to carry-over concepts and support social learning in the home and school settings. The therapists are also available to consult with school teams about the student's summer experiences, as well as goals and skills addressed. Stephanie and Amy can also conduct parent and/or teacher trainings to support the social learner. Please contact Growing Social directly to inquire about these services.

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Summer Camp Availability

PLEASE NOTE: SUMMER CAMP DAYS ARE MONDAY-THURSDAY

Name: _____ Gender Identified as: _____

Birthdate: _____ Age: _____ Grade: (in fall) _____

Please check ALL services that are requested:

Number of sessions preferred: __1 Session __2 Sessions __ Other

SERVICES PREFERRED (select all that apply): <input type="checkbox"/> Therapeutic Summer Farm Camp <input type="checkbox"/> Individual Sessions	ADDITIONAL TEEN OPTIONS (select all that apply): <input type="checkbox"/> Camp Counselor Camp (Full day/9 th grade+) <input type="checkbox"/> Community/Farm Based Camp (teens) <input type="checkbox"/> Social Vocational Camp (16 yrs.+)
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Scholarship form included? ____ (yes) ____ (no).

I would like to help a student attend camp. *Donation to the scholarship fund: _____ (indicate amount to be donated.)

<i>Please be sure to fill out the availability chart in full. CIRCLE ALL OPTIONS THAT APPLY! The more availability given, the more likely we are to be able to place your son or daughter in a group. <u>If possible, please include at least 3 preferences.</u></i>					
	Session 1	Session 2	Session 3	Session 4	Session 5
	June	June 22-	July	July	August
	8-18th	July 2nd	6th-16th	20th-30th	3-13th
	(M-TH)	(M-TH)	(M-TH)	(M-TH)	(M-TH)
10am-1pm	Half Day	Half Day	Half Day	Half Day	Half Day
1:30-4:30	Half Day	Half Day	Half Day	Half Day	Half Day
10:30-4:30	Full Day	Full Day	Full Day	Full Day	Full Day

Please note any special considerations regarding your schedule (we will do our best to accommodate):

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Camper Information

***NEW FAMILIES: PLEASE COMPLETE APPLICATION IN FULL AND INCLUDE RELEVANT REPORTS**

***RETURNING FAMILIES: INCLUDE UPDATED REPORTS AND COMPLETE PAGES: 4 & 8-12.**

Date: _____ Grade (as of Sept 2020): _____

Client's Name: _____ Birth date: _____

Parent #1 Name: _____ Parent #2 Name: _____

Address: _____ Address: _____

City/State/Zip Code: _____ City/State/Zip Code: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

School Name and District/City: _____

Current Services: OT _____ Speech _____ Resource _____ 1:1 Aide _____ SDC Class _____

Other _____

Diagnostic Label: _____

Does your child have allergies or special diet? (Please be aware that there are bees on the farm)

What are your current concerns about your child's performance at school? (Use back of form for additional space)

What are your current concerns about your child's performance at home?

If someone were to observe your child at school during lunch or recess what would they observe? (If homeschooling, please describe how your child does in less structured settings around same aged peers).

How do you think your child's classmates would likely describe your child?

Does your child have any behaviors that would likely greatly affect his successful participation in camp? (i.e. bolting, hitting, etc.). Please describe:

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Additional Information

Please check behaviors that describe your child. Please check all that apply.

Unmotivated _____ Impulsive _____ Rigid (may only see things one way) _____

Verbally aggressive to peers or adults _____ (please describe _____)

Withdrawn (may hide or emotionally shut down when upset) _____ Externally distracted _____

Aloof/internally distracted _____ Anxious _____ Oppositional _____ Physically aggressive _____

Please rate your child on a 1-5 scale (5= great performance)			
Paying attention to others		Understanding personal space	
Asking questions about others		Participating in a group	
Making eye contact		Accurately identifying facial expressions	
Understanding the feelings of others		Accurately identifying body language	
Showing empathy		Greeting others	
Listening		Participating in a conversation	
Understanding what people mean by what they say		Initiating conversations with others	
Doing homework		Adding relevant comments to a conversation	
Turning in homework		Apologizing	
Keeping backpack organized		Asking for help	
Keeping school desk organized		Personal problem solving	
Taking responsibility for self		Compromising and/or negotiating	
Understanding consequences		Doing chores	

Please write a brief letter describing your son or daughter.

Including the information listed below will help to obtain a more complete picture of your child and help find an appropriate group placement.

including:

- Your student’s strengths and challenges related to functioning in the social world
- Describe his/her interactions with peers
- Describe his/her awareness of their challenges (e.g., Are they aware of how others perceive them, do they think that they are perceived as “different” from their peers?)
- How well does he/she understand that his/her actions and words affect others?
- How does he/she respond to every- day problems, such as changes in the schedule, peer conflicts, etc.?
- What are some of his/her strengths and interests? What motivates your student?

Please include the following. These reports are extremely helpful in better understanding your son or daughter’s needs as it relates to group placement.

- Any diagnostic reports or updates
- A copy of the latest IEP or school evaluations (if applicable)
- Any outside therapy reports (OT, PT or SLP)

Please also include: A recent picture of your child, and if convenient, a brief video clip such as on a flash drive or emailed to info@growingsocial.org

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Academic/Social Learning Checklist

Date: _____

This student: _____ is being considered for social learning services. It would be of great benefit to have you complete the information below regarding this student based on your own experience.

Your name/Relationship to student _____ Grade _____

***For Teacher's:** Please return this form in a sealed envelope and return to the student's parent. (This is to ensure that the student does not read the form. We encourage families to read this form so they can see how their child's social learning differences impact them across the school day).

Please check off how you feel this student does in your setting in the following areas:

Skill to explore	Comments	Above grade level	At grade level	Below grade level	Did Not Observe
Math					
Reading decoding					
Reading comprehension (inferencing, deeper interpretation of characters)					
Written expression (teacher directed topics)					
Participation during large, class discussions					
Participation during small group activities					
Asking for help in class					
Making and keeping friends during less structured times					
Organizational skills while in class					
Organizational skills from home to school and back again					
Does this child stand out as unique in his interpersonal skills?					
Do you anticipate that this student will encounter more challenges in future school years?					
How would this student's peers describe him?					

Any additional comments (please use back if you need more space).

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Policies and Procedures

Name of Participant: _____

Parent Name: _____

Emergency Phone Number: _____

I agree to follow the fee schedule and policies for my son/daughter as indicated below:

Camp Session Rate: \$1550.00

1/2 day, 2-week summer camp session (24 therapeutic contact hours, materials fee and deposit included)
OR all day, 1-week summer camp (24 therapeutic contact hours, materials fee and deposit included).

*A 250.00 deposit is due with the completed application packet. This deposit will hold a spot for your son or daughter. We will not be able to schedule a student without a deposit. Deposits will be applied once a student is scheduled in a camp session. If a family confirms a scheduled spot, but then needs to cancel, a \$150.00 processing fee will be retained, and remainder of the balance returned.

*We do not accept 3rd party payments, or work directly with insurance companies (families independently submit invoices to their insurance company to request reimbursement).

*Please let us know if you will need an invoice coded for insurance purposes. An hourly fee of \$45 per hour will be applied to submitting additional information to families for insurance reimbursement. If attempting to seek reimbursement, please let us know prior to starting camp and provide a copy of a medical diagnosis so that we can include the diagnostic code on the invoice.

*Placement letters will be mailed the week of April 27th. Payment is due in full by June 8th

*Scholarships are awarded as funds are available. Scholarship recipients will be notified with placement letters. If applying for a scholarship, please include a scholarship form with the application packet.

*If a payment plan would help your student attend camp, please contact us to discuss details.

*If there is no appropriate placement at the time of scheduling, your child will be placed on the waiting list or attempts and your deposit check will be voided.

*Parent/Caregiver "wrap-up" is intended to review the camp day. This time is an important opportunity to highlight concepts learned, share ideas for carryover at home, and for parents to give feedback and ask questions.

*Students are highly encouraged to attend all days of camp as lessons build on each other, and absences can disrupt the group cohesion. Families will not be reimbursed for missed days, and we are unable to make up this time.

Parent Signature _____ Date _____

Or

Adult Participant Signature _____ Date _____

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Permission Form

PERMISSION FOR COMMUNITY OUTINGS (To be checked if applying for Teen Camps):

(Check one) ____ **I give** or ____ **I do not give** permission for my son or daughter

_____ to walk in the community and/or use public transportation as needed during camp sessions with Growing Social (Amy Miller, Stephanie Madrigal or other employee of Growing Social).

Please note any special considerations for community outings:

PERMISSION TO USE VIDEO OR PICTURED IMAGE & AUDIO for THERAPEUTIC AND OR MARKETING PURPOSES

I understand that the use of video, picture image and audio recording are an important component of therapy treatment. These recordings will be used for teaching purposes only and will not be used outside of the group without your written consent.

(Check) ____ I give my permission for "Growing Social" (Amy Miller, Stephanie Madrigal or other employee of "Growing Social") to use the video, picture or audio recording of my child for therapeutic purposes only.

(Check one) ____ **I give** or ____ **I do not give** my permission for "Growing Social" (Amy Miller, Stephanie Madrigal or other employee of "Growing Social") to use pictures of my child for therapeutic or training purposes (presentations, teacher trainings, etc.) as well as promotional materials (website, brochures, social media, etc.).

Please initial that you understand that other teachers/professionals may, from time to time, observe your child's session for their own training purposes. All information is kept confidential.

Parent Signature _____ Date _____

Or

Adult Participant Signature _____ Date _____

Printed Name _____

Cell Phone _____

Home Phone _____

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Exchange of Information

Name: _____

Parent's Name: _____

Address: _____

City, State, Zip Code: _____

Cell Phone: _____

Home phone: _____

I give permission to Growing Social (Amy Miller, Stephanie Madrigal or other employee of Growing Social), to share information with the following people regarding the educational or medical treatment for my child.

Professional's Name	Title	Telephone Number	Email Address

Parent Signature: _____ Date _____

Or

Adult Participant Signature _____ Date _____

Print Name: _____

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Waiver, Release and Assumption of Risk Agreement

(To be completed by the Participant's parent/guardian, or, if the Participant is 18 years of age or older, by the Participant.)

I, the parent or legal guardian of _____, consent to allow my child to participate in Growing Social at Larkin Valley Farm or other sites, for the summer of 2020.

Release

I hereby waive and release any claims that my child or I may have, or which may hereafter accrue to me or my child, against Association, its officers, directors, employees, agents, assigns and representatives and volunteers (collectively "Company") for personal injury, including death, as well as all property damage or loss, arising out of my/my child's participation in this program. Additionally, I agree to hold Company harmless from, and indemnify Company against, any such claims.

Assumption of Risk

On behalf of myself or my child, I assume the risks of and accept personal liability for any personal injuries or property damage that might occur as a result of participating in this program.

Behavioral Agreement

By participating in this program, my child is expected to follow the rules at Larkin Valley Farm and on field trips/outings.

I HAVE CAREFULLY READ THE ABOVE WAIVER, RELEASE, AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN GROWING SOCIAL AND MYSELF AND SIGN IT VOLUNTARILY.

Student's Name

Name of Adult Participant or Parent or
Legal Guardian

Signature of Adult Participant or
Parent or Legal Guardian

Date

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Camper Health History

Does your child have any health conditions requiring medication, treatment, special restriction or consideration while attending camp sessions? **Please note that staff will administer no medications.**

Please initial to indicate you are aware that camp staff or any employee of Growing Social will administer no medications.

Please provide a record of immunizations, including date of last tetanus shot:

Date of last tetanus shot: _____

Please list any allergies: _____

Parent Signature _____ Date: _____
(or student signature if 18 years old):

Print Name: _____

I grant Growing Social permission to seek emergency medical treatment if medically necessary for my child. (Please initial, mandatory for participation in camp sessions).

Parent Signature _____ Date: _____

Print Name: _____