



Campership Application – Part B CONFIDENTIAL PROFESSIONAL REFERRAL

*To be completed by a teacher, social worker, or other professional
and returned by that person directly to Washtenaw Camp Placement.*

The student named on this referral form is being considered for a one or two-week resident campership at one of several resident camps that partner with Washtenaw Camp Placement. Please give an honest appraisal of the child’s abilities and needs. Please note: student must have completed Grade 4 or above to apply.

Child’s last name First name Middle name Date of birth

School child currently attends Grade next year (must be Grade 5 or above)

It is important for WCP to know that the child is equipped to handle group living in the out-of-doors supervised by college age counselors. All children deserve a camp placement where they can have a successful and positive experience. Please circle the most appropriate indicators below.

The child interacts well with peers:
 most of the time often occasionally seldom

The child accepts directions appropriately from adults in authority:
 most of the time often occasionally seldom

When disappointed, the child loses control:
 most of the time often occasionally seldom

The child attempts to manipulate peers:
 most of the time often occasionally seldom

The child is able to share feelings and concerns with adults:
 most of the time often occasionally seldom

Please circle the adjectives which best describe the applicant:

confident	shy	cooperative	impulsive	leader
very active	friendly	follower	cheerful	moody
withdrawn	adaptable	timid	hostile	immature

CONFIDENTIAL PROFESSIONAL REFERRAL (con't)

Please describe this child and the nature of your interactions with him or her:

WCP believes that camp benefits every child. It is important that we understand why this child—in particular-- would likely benefit from a camp experience.

Can this child succeed in a regular camp program? YES NO

Describe any mental, physical, emotional, or behavioral impairments or limitations that may impact a camp experience; please be specific.

Anything else we should be aware of?

Referred by (print)

Referred by (signature)

Date signed

Referral's e-mail address

Referral's daytime telephone

Position, e.g. teacher, social worker

School mailing address: _____

If this referral form is coming from an entity other than the child's school, please provide the following:

Organization name: _____

Organization address: _____

Return form by Friday, February 17, 2023 to be considered in the first round of placements.

Washtenaw Camp Placement, 3135 S. State St., Suite 350-D, Ann Arbor, MI 48108
Direct questions to: CampPlacement@sbcglobal.net Telephone 734.971.4537 Fax 734.661.4029