



**SUNKIDS SUMMER PROGRAM
Reference Form**

Child's Name: _____

Reference's Name/Relationship to Child: _____

You are receiving this form because a parent has identified you as a professional who is familiar with their child and is able to comment on how they are able to function in a group setting.

SunKids Summer program requires those children enrolled to stay with their group of up to six kids in an unfamiliar setting. Each group has one therapist and several trained volunteers—however one on one support is not available. The children rotate between activities such as gym play, crafts, music time, and exploratory play every 20-25 minutes. The schedule of the program is consistent but will be new to the child. In order to ensure that SunKids is a good match for this child, please answer the following questions. We understand that the child might need assistance—we need this information to insure we can provide the appropriate support. The more specific, the better!

For how long have you known this child? _____

How does the child function in a group? _____

How much/what kind of assistance do they need for each the following:

Transition between activities? _____

Share space with a peer? _____

Tolerate sounds in the environment? _____

Take care of bathroom needs? _____

Be safe on gym equipment? _____

Recover from being upset? _____

Are there any dangerous/aggressive behaviors that you have observed (e.g. hitting, pinching, falling to the floor, fleeing)? _____

In the event that we would like to contact you, what is the best way to communicate?

phone number _____

email address _____

Thank you for your input! Please return to parent.

SunKids Organizers