



January 2020

Dear Parents,

Thank you for your inquiry regarding Camp *WISP* (*Watson Inclusive Summer Program*).

A detailed explanation for Camp *WISP* enrollment procedures is enclosed, along with an application. Please review the attached information thoroughly before completing the application.

The attached intake forms and Camp WISP application must be completed in entirety in order to be reviewed.

Please return your child's application packet to us via the U.S Postal Mail to the address below if you are interested in having your child in Camp *WISP* this upcoming summer:

Attention: Jessica Ripper (Camp WISP)
The Watson Institute
301 Camp Meeting Road
Sewickley, PA 15143

We hope to be able to notify families by telephone by **beginning of April 2020** if we are able to offer your child a slot in the program. Thank you.

PARENTS:
PLEASE READ THE BELOW CAREFULLY BEFORE
COMPLETING THE ENCLOSED APPLICATION

Camp *WISP*
(The Watson Institute Inclusive Summer Program)

The Watson Inclusive Summer Program, Camp *WISP*, is an inclusive therapeutic summer camp program for children with autism and related disorders. Due to its inclusive nature; the arrangements and options within *WISP* are somewhat complicated. Please allow us to try to explain them in the passages that follow.

WISP is a model inclusive summer program that enables children with autism to be integrated successfully into typical summer camps with their peers. The Watson Institute does not own or operate the typical camp programs. These programs are owned and ran by outside agencies (such as neighborhood YMCA's or privately owned camp programs). Essentially, Camp *WISP* staff work together with the typical camp program and their staff through a partnership. Currently, Camp *WISP* has a partnership with five (5) typical program sites. These five (5) programs are day camp programs that offer a daily summer day camp program to typically developing children. The typical camp day program time and duration vary.

Typically, Camp *WISP* children participate in their assigned *WISP* program site location for **eight weeks**, from mid-June to mid-August, and during the hours of **9:00 a.m. to 4:00 p.m.** each day. The Camp *WISP* program emphasizes teaching social skills to children with an autism spectrum disorder within a typical summer camp environment, using capable peers in naturalistic settings.

All children in *WISP* receive intensive intervention emphasizing the development of social skills within a typical summer camp environment, utilizing peer models of appropriate behavior.

When a child is a participant in the Camp *WISP* program, the program is an intensive social skill and IEP/ESY goal driven program, rather than merely a daycare or recreational program. Therefore it is extremely important that children attend on a **regular daily basis** for the duration of the program (8 weeks). It is also important that the children arrive to the program on-time each day. If your family will be away on an extended or several vacation(s) while Camp *WISP* is in session, or if your child has recurrent schedule conflicts during the *WISP* program outlined days and hours, Camp *WISP* may not be an appropriate option for your child.

Associated Costs:

The Camp **WISP** program and **WISP** support staff fees:

There are two (2) options to fund a Camp WISP placement for your child:

1. Parents may opt to pay for Camp **WISP** and all of the associated camp program fees directly Out of Pocket. If parents choose this option, 100% of the payment/associated fees must be made directly to The Watson Institute and directly to the participating camp program prior to the first day of Camp **WISP**.
2. Your child's school district may opt to use Camp **WISP** as your child's ESY (Extended School Year) placement. When this happens, your child's school district has a contract with the **WISP** program, and generally, all or part of the associated costs of Camp **WISP** are covered by the district. Families may opt to talk to their school districts directly in regards to whether or not the district would consider a Camp **WISP** ESY placement for their child.

It is important to note that the school district/IEP team determines the child's ESY placement.

It is also important to note that the child's school district may agree to pay all or only a portion of the Camp **WISP**/ typical camp program fees and associated costs. Any camp fees/associated costs that are not covered by the child's school district are the parent's responsibility to pay directly to The Watson Institute or to the typical camp program (depending on the nature of the fee).

The Watson Institute requires direct confirmation from the child's school district regarding payment **prior** to the child being accepted into the Camp **WISP** program.

Additional Typical Camp Enrollment Program Fees:

Each typical camp program charges a participation/enrollment fee. The Watson Institute (Camp **WISP**) does **NOT** pay for any typical camp program fees/associated costs for any Camp **WISP** child. Such fees may include, but is not limited to: typical camp program enrollment & tuition fees, field trip fees, lunch fees, snack fees, extra camp activity fees, swimming pool fees, etc. These fees may be funded by the child's school district (if the district agrees to pay the typical camp program fees) or by the family directly out of pocket.

Any typical camp program fees/associated fees are to be paid **DIRECTLY to the typical camp program** (regardless of whether the school district or parent is the payer). If the school district is the payer, the district representative must make arrangements with the typical camp program to pay the fee(s) directly to the typical camp program. The Watson Institute does **not handle or accept** any of the typical fees/associated costs.

Toileting Needs

All Camp **WISP** children are required to be toilet trained and independent with all toileting needs (removing clothing, wiping, etc.) before acceptance into the program. Camp **WISP** staff will **not** provide any direct/hands on assistance in regards to toileting needs.

Transportation:

The Watson Institute does **NOT** provide any form of transportation to/from the Camp **WISP** program location for children participating in the program. Transportation is either provided by the parent or the child's school district (if the district agrees to provide transportation).

In the event that the child's school district is providing transportation, parents need to make their own transportation arrangements with the child's school district. The Watson Institute **cannot** assume any role in setting up daily transportation arrangements to/from the Camp **WISP** program with school district personnel.

Typical Camp WISP site partnership locations for 2019

We have tentative arrangements in place with the following five (5) typical camp programs for the summer 2020.

Sewickley YMCA
Sampson Family YMCA (Monroeville area)
Chatham University Music & Arts day camp
Upper St. Clair Extended Day (Eisenhower Elem. Site)

Already have a support staff/aide?

If your child already has a support staff/aide, and you would like that person to accompany your child to Camp **WISP**, we may or may not be able to accommodate your wishes. We are open to having them join our camp program, however, the hiring policies and procedures of The Watson Institute must be followed.

All personnel for the camp program must apply for a camp position online at www.thewatsoninstitute.org or by sending a cover letter and resume to:

The Watson Institute
Human Resources Department
301 Camp Meeting Road
Sewickley, PA 15143

Additionally, the individual must fill out the necessary application, interview for the position, and complete the required training. They must remain with the camp program for the duration of camp. This is necessary because of the liability issues, supervision issues, and the appropriate implementation of our model of service delivery.

Decision Timeframe

After we have hired sufficient qualified staff to cover children returning to the program, we begin to notify families if we are able to add additional children. We continue attempting to recruit staff through the spring. We can generally let families know where they fall on the waiting list and what the chances for acceptance will be **by mid March.**

Submitting Applications:

If you are interested in having your child participate in the Camp **WISP** program during the summer of 2020, feel free to complete the enclosed application.

Completed applications may be mailed to:

U.S. Mail:

**The Watson Institute
Psychological Services Department
301 Camp Meeting Road
Sewickley, PA 15143
Attn: Jessica Ripper**

Due to the size of the Camp WISP application packet and attached documentations, we do **NOT accept completed application packets via email submission.** Please submit your completed packet via the U.S. Mail per the instructions above.

Include with the application packet a copy of your child's most current IEP, most recent psychological and educational, and speech/language evaluations, and any other pertinent documents offering relevant information about your child. This information will be reviewed during the selection process.

Admission Procedures

If it appears that we may have space for your child, we will contact you to arrange for the next steps.

Should you have any questions, please don't hesitate to call us at 412 749-2894 or check out our website at www.thewatsoninstitute.org. We are looking forward to a very successful Camp **WISP** program for the summer of 2020!

CAMP WISP SITE LOCATIONS 2020

<p>Chatham University Music & Arts Day Camp Woodland Road Pittsburgh, PA 15232 Contact: Larissa Young 412-365-1174 http://sce.chatham.edu (webpage) lyoung@chatham.edu (email)</p> <p>WISP DATES/TIMES: June 15- July 24; 8:45 am -4:00 pm</p> <p>Ages: 5 years old to completed 8th grade</p>	<p>Sewickley YMCA 625 Blackburn Road Sewickley, PA. 15143 (412)741-9622 www.sewickleymca.org Contact: Marc Smith</p> <p>WISP DATES/TIMES: June 15 – August 7</p> <p>9:00am – 4:00pm grades:1-9</p> <p>WISP DATES/TIMES: June 15-August 7 9:00am – 1:00pm ages:5-6yrs</p>
<p>East Suburban YMCA (Plum/Monroeville area) 2200 Rt. 286 Pittsburgh, PA. 15239 Contact: Nicole Roberts (724)519-5446 nroberts@ymcapgh.org www.esymca.org</p> <p>WISP DATES/TIMES: June 15– August 7 9:00 am-4:00pm</p> <p>Ages: 5-13yrs</p>	<p>Upper Saint Clair Ext. Day (Eisenhower Elementary location <u>ONLY</u>) 100 Warwick Drive Pittsburgh, PA 15241 (412)221-1980 www.extendedday.com Contact: Kelly Chaney</p> <p>WISP DATES/TIMES: June 15 – August 7 9:00am-4:00pm</p> <p>Grades K-7</p>



CAMP WISP ESY PROGRAM 2020 APPLICATION **The Watson Inclusive Summer Program**

YOUR WISP PARTICIPATING TYPICAL CAMP SITE LOCATION PREFERENCE:

(please circle your top 2 site preferences)

- **Chatham University Music & Arts Day Camp** (camp is located in Squirrel Hill)
- **Sampson Family YMCA** (camp is located in the Plum/Monroeville area)
- **Sewickley Valley YMCA** (camp is located in Sewickley)
- **Upper St. Clair Extended Day Camp** (WISP children will be at Eisenhower Elementary only in Upper St. Clair)

Camp WISP participation dates and times by each participating camp program:

June 15 to July 24, 2020

Chatham University Music & Arts Day Camp, Monday-Friday 8:45 am to 4:00pm

June 15 to August 7, 2020

Sewickley Valley YMCA, Monday-Friday 9:00 am to 4:00 pm

Upper Saint Clair Extended Day, Monday-Friday 9:00 am to 4:00 pm

Sampson Family YMCA, Monday-Friday 9:00 am to 4:00 PM

Daily (Monday through Friday), consistent, and timely attendance is REQUIRED for all WISP children.

******PLEASE NOTE BEFORE COMPLETING APPLICATION THAT YOUR CHILD MUST BE TOILET-TRAINED AND INDEPENDENT WITH ALL TOILETING NEEDS******

PLEASE PRINT

Child's Name: _____

Child's Address: _____

Child's Date of Birth: _____

Child's Age: _____

Child's "just completing" grade in School _____

Parent/Guardian

Name(s): _____

Best telephone number(s) to reach parent/guardian on:

Parent/guardian email address: _____

May we feel free to email you regarding your child's Camp WISP application?

Yes

No, I prefer a call

EDUCATION:

School District (that your child resides in) Name: _____

Name of school building that child attends: _____

Last Day of School 2018: _____

Will your child be receiving Extended School Year Services (ESY) in 2020 from the school district? _____

Has your district approved Camp WISP as your child's 2020 ESY placement? __Yes __No
__Unknown

Does your child have a 1:1 aide in school? _____Yes _____No

If your child is accepted into Camp WISP and if you are planning on using district ESY funding, your district/IEP team MUST approve CAMP WISP as your child's ESY placement (and agree to pay the associated Watson fees) and you MUST include a copy of your child's most recent IEP to this application.

MEDICAL INFORMATION:

Is your child on any medications? ___ Explain: _____

Medications to be *administered* during camp hours? ___ Yes ___ No

If yes, schedule: _____

*Note: Parents must contact the typical camp program staff director to set up medication arrangements for your child during camp hours. CAMP WISP staff are not permitted to carry or administer any medication to any child during camp hours.

Prescribing Physician's Name: _____ Phone Number: __

Allergies and Dietary restrictions (please include non-food related allergies as well):

Does your child have any allergies or dietary restrictions? _____ If yes, please name restriction/allergy _____

ADDITIONAL EMERGENCY CONTACTS:

Emergency Contacts (other than parent or guardian)

Name: _____ Relation to child _____ Phone: _____

Name: _____ Relation to child _____ Phone: _____

CAMP ATTENDANCE:

Will you be on vacation during the Camp WISP period? _____ When? _____

Does your child have any other scheduling conflicts that would interfere with **daily and timely** camp WISP attendance?

If so, what are the conflicts? _____

COMMUNICATION:

Is your child verbal? Yes No If so, what level: (please circle)
 single words phrases sentences conversational

Does your child use The Picture Exchange Communication System (PECS)? Yes
 No

If yes, do you have PECS that you are able to send to camp to use (e.g. picture schedules, etc.?)
 Yes No

TOILETING NEEDS:

Does your child wear diapers or *pull ups* during the day? Yes No

Is your child independent with wiping after a bowel movement? Yes No

Does your child have urination accidents that require cleanup? Yes No

If yes, how often? _____

Does your child have bowel movement accidents that require cleanup? Yes No

If yes, how often? _____

Is your daughter independent all with menstruation needs/care? Yes No Not

Applicable

Please note that Camp WISP is an open air (mainly outdoor based) program. In addition, Camp WISP is a social skills, IEP/ESY goal focused program. Therefore, due to nature of the program, WISP staff is not permitted to provide any type of hands-on assistance with clothing removal, diapering, toileting/wiping, urination/bowel movement cleanup, or menstruation needs/care. All WISP children must be able to complete toileting and menstruation tasks INDEPENDENTLY).

CURRENT BEHAVIOR AND SAFETY CONCERNS:

Does your child bolt? Yes No
If yes, how many times per day? _____

Does your child show physical aggression towards peers? Yes No
If yes, how many times per day? _____

Does your child show physical aggression towards adults? Yes No
If yes, how many times per day? _____

Does your child show physical aggression towards self? Yes No
If yes, how many times per day? _____

Has your child ever been placed in a physical restraint
due to behavioral/safety concerns? Yes No
If yes, how many times per day or week? _____

Other behavioral/safety concerns: _____

WISF

THE WATSON INSTITUTE
TREATMENT CONSENT/FINANCIAL AGREEMENT/AUTHORIZATION TO RELEASE
INFORMATION

Consent for Psychological Services and Treatment

I hereby consent for my child to receive an evaluation and/or therapeutic services from The Watson Institute. I understand that the nature and goals of my child's treatment will be agreed upon by myself and my child's treatment team, and will be documented in a treatment plan. I am aware that the practice of behavioral and psychological intervention is not an exact science and I acknowledge that there are no guarantees as to the outcome of any treatments that my child will receive.

Assignment of Benefits

In the event my child is entitled to medical or mental health benefits of any type arising out of any insurance policy or from any person or organization who is or may become liable to my child to provide such benefits, I hereby assign such benefits to The Watson Institute. Such insurance includes but is not limited to private commercial insurance and any governmental program such as Medicare or Medicaid. I certify that the information given regarding my child's insurance is accurate and current.

Financial Agreement

In consideration of services rendered by The Watson Institute, the undersigned individually obligates himself/herself and guarantees prompt payment of all charges incurred for services rendered to the patient when not covered by insurance carriers or others. Insurance co-payments and self-pay charges are due at the time of the visit. Payment will be made of any balance due and not paid by insurance carriers or third-parties within 30 days of final billing. If such payment is not received by The Watson Institute within 30 days of the date of final billing, finance charges may begin to accrue at the maximum rate allowable by law. If The Watson Institute does not receive such payment within 30 days of the date such balance is due, the bill may be turned over to an attorney or a collection agency, at which time the undersigned shall be liable for attorney's fees and/or collection agency's fees and expenses. The undersigned understands The Watson Institute has the right to examine credit bureau files for financial information regarding collection of unpaid debts.

Confidentiality & Release of Information

We will obtain your authorization, on an annual basis, for the release of any records. Information regarding your child will not be released in any form without your written permission, except in those circumstances required by law. Those who can access the records without specific approval include Watson employees in the course of their jobs.

Authorization to Release to the Insurance Company

I authorize The Watson Institute to release all or part of my child's medical record by telephone, by facsimile transmission, or in writing when required or permitted by law or governmental regulation, or as a condition for payment of charges from insurance carriers, third party reimbursers, utilization review bodies, welfare funds, or to our primary care physician or any physician, mental health professional, or agency responsible for continuing care. This authorization extends also to any organization acting on behalf or in place of the insurance companies. The Watson Institute and its employees who render services to my child are hereby released from any and all liability that may arise from the release of the information.

The undersigned certifies that he/she has read and understands the above and fully accepts all specified terms therein.

PATIENT NAME: _____ DOB: _____
Print

Client signature if age 14 or older Date

Parent/Legal Guardian Signature (relationship to patient) Date

**The Watson Institute
Informed Consent Form
WISP Program**

The Watson Institute takes very seriously its responsibility to respect and preserve the privacy of the children and families we serve. We make every effort to maintain the confidentiality of all information we obtain regarding your child. Doing therapeutic interventions within a "real world" setting, such as a typical summer camp, can raise a number of issues regarding confidentiality.

A primary objective of the WISP program is to help children be successfully included in settings with typical peers. To that end, WISP staff also work with typical children to increase acceptance and facilitate peer interactions. We are in a position in which therapeutic goals can best be served if some information can be shared with the staff and children in the typical program. Information is only shared in order to advance therapeutic goals.

We are therefore asking for your permission to speak with the staff of the typical camp program in which your child is enrolled and, when appropriate, with other children enrolled in the camp setting. Some of the circumstances in which information might be shared follow:

- An orientation/training is generally provided for the staff of the typical camp program before the summer program begins. Discussion of your child's strengths and weaknesses, as well as strategies for working with your child may be addressed at that time and in the course of the program.
- If a child demonstrates unusual or different behaviors, other children may question the staff regarding those behaviors (e.g., "Why does he flap his arms like that?" or "How come he doesn't talk?"). Our approach is to explain the purpose of the behaviors to the questioning child in a way that helps them be accepting of individual differences.
- In the course of the camp program we will regularly seek to pull typical children into interactions with your child. This may involve discussions regarding how a child might best approach your child, what to do if rebuffed, and, generally, how to interpret your child's behavior.
- If parents of other children have questions, our policy is to speak with you before entering into any discussion with them. We can also refer the parent to you, if you would prefer.

In order to implement the proposed interventions with your child, we are seeking your permission to share information regarding you child as described above. Your signature on this form indicates that acceptance of these policies.

Additionally, please make sure that your child arrives to camp on time and is picked up from camp on time. Your signature on this form also indicates that you understand that Watson staff will not be responsible for your child outside of the specified camp WISP program operation hours. A fee may also be charged to you if you child arrives early or is picked up late after the specified Camp WISP program operation hours.

Child's Name

Date of Birth

Parent's Name

Date



Administrative Offices
301 Camp Meeting Road
Sewickley, PA 15143
(412) 741-1800

The Watson Institute
Behavior Support Academy
(WBSA)
301 Camp Meeting Road
Sewickley, PA 15143
(412) 741-1800

The Education Center
at The Watson Institute
301 Camp Meeting Road
Sewickley, PA 15143
(412) 741-1800

Friendship Academy
255 South Negley Avenue
Pittsburgh, PA 15206
(412) 365-3800

LEAP Preschool
W. Bruce Thomas
Education Center
200 Linden Avenue
Pittsburgh, PA 15215
(412) 781-1708

Psychological Services
301 Camp Meeting Road
Sewickley, PA 15143
(412) 749-2889

Respite Programs
301 Camp Meeting Road
Sewickley, PA 15143
(412) 741-1800

The Watson Institute
School-based Cyber Academy
(WISCA)
W. Bruce Thomas
Education Center
200 Linden Avenue
Pittsburgh, PA 15215
(412) 781-1708

Training and Consultation
W. Bruce Thomas
Education Center
200 Linden Avenue
Pittsburgh, PA 15215
(412) 781-1708

**PHOTO/VIDEO
CONSENT FORM**

The Watson Institute sometimes uses images of children in trainings we provide for our own staff or in trainings that we offer to other groups. We will not photograph or videotape any child without your written permission. Choosing not to give your permission will not affect your child's services in any way. Please indicate your choice on each line below.

I _____ give permission for my child
(please print)

_____ DOB: _____ to be:
(please print)

Please Check one on each line:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Photographed
<input type="checkbox"/>	<input type="checkbox"/>	Videotaped

The Watson Institute may use materials:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	For use in interventions with the child/patient
<input type="checkbox"/>	<input type="checkbox"/>	For training purposes by The Watson Institute
<input type="checkbox"/>	<input type="checkbox"/>	For training of other groups
<input type="checkbox"/>	<input type="checkbox"/>	For publicity purposes by The Watson Institute
<input type="checkbox"/>	<input type="checkbox"/>	For use on The Watson Institute website
<input type="checkbox"/>	<input type="checkbox"/>	For instructional and therapeutic use during group Sessions
<input type="checkbox"/>	<input type="checkbox"/>	For distribution to current group members

Child's Signature (if 14 or older) Date

Parent's Signature Date

Revised 11/2008

*Educating Exceptional Children
— and Their Educators*

www.thewatsoninstitute.org

CAMP - SCHOOL CONTRACT

THE WATSON INSTITUTE
PSYCHOLOGICAL SERVICES
AUTHORIZATION FOR ACCESS, USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION (PHI)

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. Failure to provide all informant requested may invalidate this authorization.

Patient Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Date(s) or Treatment: (Note: authorization is not valid prior to care being rendered.)
From date: _____ 1/19/2019 _____ To date: _____ 1/19/2020 _____

The specific information to be disclosed from my medical/treatment records includes:

Treatment Plan, Data Summary, Open communication between Watson, the Camp and The School, School visit to the Camp sites.

Purpose of Disclosure: Cont. of Care

Individual(s) or organization(s) authorized to use or disclose the information:

The Watson Institute Psychological Services, 301 Camp Meeting Road, Sewickley, PA 15143

Other: _____

* Individual(s) or organization(s) authorized to receive the information: (please write your school district info here)
Name: _____ Telephone #: _____

Address: _____

PATIENT RIGHTS:

I understand that signing this authorization is voluntary, and The Watson Institute cannot deny me treatment for not agreeing to sign this authorization. I understand that I may see a copy of the information described on this form and that there may be a fee associated for copying. I understand that once the above information is disclosed it may not be under the control of The Watson Institute and may not be protected by federal privacy regulations. therefore there is a potential of unauthorized re-disclosure by the recipient. I understand that this authorization may be revoked by me at any time. I understand that if I do revoke the authorization, I must do so in writing and present my written revocation to be filed in my medical record, which will not apply to information that has already been disclosed in response to this authorization. If I have questions about the disclosure of my health information, I may contact the Privacy Officer of The Watson Institute. I hereby certify that I have read this authorization and agree to it terms.

I understand that my medical records may contain sensitive information relating to AIDS, HIV, psychiatric care, and or treatment for drug and/or alcohol I give consent for use and disclosure of this type of information. (Please list exclusion, if any)

Signature: (Parent/Legal Guardian/Child) _____ Relations to Patient _____ Date _____

Signature of Witness _____ Date _____

EXPIRATION: This authorization is valid for one year from the date of signature, unless the authorization is revoked by written notice.