

STAT 2021
(Summer Therapeutic Activities for Teens)

STAT runs Monday through Friday at both locations from 9:00 am until 3:00 pm for a period of FOUR weeks.
Daily and consistent attendance is REQUIRED for acceptance into the program.

APPLICANT NAME: _____

NICKNAME (IF APPLICABLE): _____

MALE FEMALE

DATE OF BIRTH: _____ AGE AT START OF CAMP: _____

PARENT/GUARDIAN PHONE NUMBER: _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN EMAIL ADDRESS:

MAY WE CONTACT YOU VIA EMAIL TO DISCUSS YOUR TEEN'S STAT APPLICATION? YES NO

ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY WHERE YOU RESIDE: _____

STAT 2021 WILL BE OFFERED AT ONLY ONE (1) LOCATION. THE LOCATION AND SESSION TIMES FOR 2021 ARE LISTED BELOW.

THIS YEAR, STAT WILL BE OFFERED IN THE SEWICKLEY LOCATION ONLY:

[] Session 7/6/2021 – 7/30/2021 @ SEWICKLEY LOCATION

EDUCATION:

School district: _____

Name of school building that teen attends: _____

Will your teen receive Extended School Year Funding (ESY) in 2021? ___ Yes ___ No

Has your teen's school district approved STAT as his/her ESY placement for 2021? ___ Yes
___ No ___ Unknown

*****You must include a copy of your teen's most recent IEP if planning on using
ESY funding**

MEDICAL INFORMATION:

Is your teen on any medications? ___ Yes ___ No

Medications to be administered during STAT? ___ Yes ___ No

If yes, schedule: _____

Prescribing Physician's Name: _____

Phone Number: _____

Dietary Restrictions:

Does your teen have any dietary restrictions or allergies? ___ Yes ___ No

If so, please name restriction/allergy? _____

What type of daily transportation will your teen be using to arrive/depart from STAT?

*(The Watson Institute **does not** provide daily transportation to/from STAT for any teen)*

District School bus Parent transporting

EMERGENCY CONTACTS (OTHER THAN PARENT OR GUARDIAN):

Name: _____ Phone: _____

Name: _____ Phone: _____

ADDITIONAL INFORMATION:

Teen's strengths/particular interests

Will you be on vacation during this summer? Yes No when? _____

Current Communication Difficulties: (please circle all that apply)

None Peer Conversations Adult Conversations
Pragmatics Language processing Delayed Language

Current Non-Compliance Issues:

Does your teen have behavior issues related to:

Bolting Adult Physical Aggression Peer Physical Aggression

Does your teen have a behavior plan per his/her school district? Yes No

(If yes, please include copy of the behavior plan)

Other behavioral Issues (please provide): _____

Self Care Skills:

Does your teen wear a diaper during the day? Yes No

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

Does your teen have urination accidents that requires cleanup? Yes No

Does your teen have bowel movement accidents that requires cleanup? Yes No

Is your daughter independent with all tasks associated with menstruation needs/care?

Yes No Not Applicable

(Please note that due to the nature of Camp STAT, staff cannot provide any type of hands-on assistance with diapering, toileting/wiping, or menstruation needs. All STAT teens must be independent with these tasks).