

# Ready, Set, Go!

## Five Areas of "Readiness for Camp!"

### Self-Care Habits

	Yes	No
Your child is able to choose and put on his/her own clothes.	<input type="checkbox"/>	<input type="checkbox"/>
Your child is able to brush their teeth without a lot of prompting.	<input type="checkbox"/>	<input type="checkbox"/>
Your child washes up or gets clean without a lot of prompting.	<input type="checkbox"/>	<input type="checkbox"/>
Your child has taken a shower on their own.	<input type="checkbox"/>	<input type="checkbox"/>
Your child generally sleeps through the night.	<input type="checkbox"/>	<input type="checkbox"/>
Your child does not usually have severe nightmares.	<input type="checkbox"/>	<input type="checkbox"/>
Your child rarely wets him or herself at night or during the day.	<input type="checkbox"/>	<input type="checkbox"/>
Your child agreeably wears clothing that fits the weather.	<input type="checkbox"/>	<input type="checkbox"/>
Your child can ask for help around self-care issues (dressing, eating, bathroom care, showering, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

### Family Relationships

	Yes	No
Is your child able to ask for help from you or another significant adult in his or her life when he or she has a problem at home or in school?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child usually obey your requests and follow rules in your household?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a positive, nurturing relationship with at least one grandparent?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child successfully slept over at a relatives' house?	<input type="checkbox"/>	<input type="checkbox"/>

### Friendships/Social Relationships

	Yes	No
Does your child have a best friend?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child make and get phone calls from kids his/her age?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child get invited to play dates?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child get invited to birthday parties/Bar and Bat Mitzvahs?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child successfully slept over at a friend's house?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any friends sleep over at your house?	<input type="checkbox"/>	<input type="checkbox"/>
Do other children want to come to your child's birthday parties?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child play primarily with children the same age as him/herself?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child share control of the play when he/she is with other children (the choices of games/the conversation/rules)?	<input type="checkbox"/>	<input type="checkbox"/>

## School/Activities

	Yes	No
Does your child go to school with reasonable ease?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child do reasonably well academically?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have friends in school?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child follow school rules/comply with discipline?	<input type="checkbox"/>	<input type="checkbox"/>
Overall, is your child happy at school?	<input type="checkbox"/>	<input type="checkbox"/>
If your child on an Individualized Education Plan (IEP), does he or she participate reasonably well with its provisions?	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Psychological Health

	Yes	No
Does your child recover from setbacks reasonably well?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to express his or her feelings or concerns in words reasonably well?	<input type="checkbox"/>	<input type="checkbox"/>
When your child is upset does he or she eventually ask for and accept help?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child eventually accept discipline reasonably well?	<input type="checkbox"/>	<input type="checkbox"/>
If your child has a problem has he or she been able to collaborate on problem-solving with a trusted adult in his or her life?	<input type="checkbox"/>	<input type="checkbox"/>
Overall, is your child reasonably happy?	<input type="checkbox"/>	<input type="checkbox"/>

### Special note about activities at some camps:

If the camp your child is considering has special program features like tripping, hiking, rock-climbing, horseback riding, endurance swimming or other activities that might require being in good physical shape, make sure to discuss thoroughly with the camp's directors.

*"...have you been Ditterized?"*

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