

Is My Child Ready for a Camp Experience?

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Parents often want to know if their child is ready for a camp experience. While there isn't one "sure fire" way to determine this, the following questions are often used to help determine a child's readiness.

The goal is that responses fall into the "Yes" category. "No" answers should be discussed with the director of the camp under consideration for a child.

Self-Care Habits

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Your child is able to choose and put on his/her own clothes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Your child is able to brush his/her teeth without a lot of prompting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Your child washes up or gets clean without a lot of prompting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Your child can take a shower on their own..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Your child generally sleeps through the night..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Your child does not usually have severe nightmares..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Your child rarely wets him/herself at night or during the day..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Your child agreeably wears clothing that fits the weather..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Your child can ask for help around self-care issues (dressing, eating, bathroom care, etc)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Family Relationships

- | | | |
|---|--------------------------|--------------------------|
| 10. Is your child able to ask for help from you or another adult when s/he has a problem?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your child usually obey your requests and follow your household rules?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your child have a positive, nurturing relationship with at least one grandparent?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has your child successfully slept over at a relative's house?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Friendships & Social Relationships

- | | | |
|---|--------------------------|--------------------------|
| 14. Does your child have a best friend?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does your child make and get calls/texts from kids his/her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does your child get invited to play dates and/or birthday parties?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does your child get invited to other social events?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Has your child successfully slept over at a friend's house?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does your child have friends sleep over at your house?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do other children want to come to your child's birthday parties?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does your child play primarily with children the same age as his/herself?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does your child share control of the play when s/he is with other children (game choice, etc)?..... | <input type="checkbox"/> | <input type="checkbox"/> |

School & Activities

- | | | |
|---|--------------------------|--------------------------|
| 23. Does your child go to school with reasonable ease?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does your child do reasonably well academically?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Does your child have friends at school?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does your child follow school rules/comply with discipline?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Overall, is your child happy at school?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Is your child on an Individualized Education Plan at school?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, does s/he participate with its provisions?..... | <input type="checkbox"/> | <input type="checkbox"/> |

(over)

Overall Mental & Emotional Health

- 29. Does your child recover from setbacks reasonably well?
- 30. Is your child able to express his/her feelings or concerns in words reasonably well?
- 31. Does your child make transitions easily like leaving the house or going to bed at night?
- 32. When your child is upset, does s/he eventually ask for or accept help?
- 33. Does your child eventually accept discipline reasonably well?
- 34. If your child has a problem, has s/he been able to collaborate on problem-solving with
a trusted adult?
- 35. Overall, is your child reasonable happy?

Special Note about Activities at Some Camps

Some camps have special program features such as tripping, hiking, rock-climbing, horseback riding, endurance swimming or other activities that require being in good physical shape. If this is a concern for your child, make sure to talk with the camp's director.