

**Springfield College Occupational Therapy Program's:  
Winter C.A.M.P. (Creating Abilities—Making Possibilities)**

**Application Form**

1. Please submit the application form as soon as possible as space is limited. Winter C.A.M.P. is the week of February 17, 2020, and we will need to make plans with you before it starts.
2. Once your application is completed and reviewed, Elizabeth McAnulty, assistant professor of occupational therapy, will contact you to set up an appointment to complete your registration. You are considered officially registered for Winter C.A.M.P. once you have been interviewed and accepted.
3. All information provided will be held in the strictest of confidence.
4. Please complete this form carefully, openly, and honestly so that we may use the information to best provide any supports or accommodations. Also, if you are accepted, we will use information from this application to help match you with your student-mentors who share your interests.

If you have any questions, contact Elizabeth McAnulty at (413) 748-3829 or [emcanulty@springfield.edu](mailto:emcanulty@springfield.edu).

**Your name:** \_\_\_\_\_

**Age as of Feb 21, 2020:** \_\_\_\_\_

**Grade** (if you are no longer in school, please write N/A): \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**What are your hobbies and interests? How do you like to spend your time?**

**What do you hope to do or to accomplish while you are at Winter C.A.M.P.?**

**Do you have an IEP, 504, and/or transition plan? If yes, could you please attach a copy of the plan(s) or list your goals?**

**Please tell us about food allergies or foods you must avoid.**

**What do you usually like to eat for breakfast and lunch?**

**What strategies, supports, or types of assistance (or accommodations) help you to participate in activities that are hard?**

**Please tell us if there are things you cannot do by yourself.**

**Please describe any limitations you have that could make it hard to join in some activities (for example, medical, sensory, physical, psychological, social-emotional, or mobility or communication difficulties).**

**Do you have triggers that make you upset? If so, what are they and what helps to ease those?**

**What adaptive equipment or environmental adjustments do you need (if any)?**

**Do you have any medical conditions we should know about? If you take a medication, can you do this independently?**

Winter C.A.M.P. is in its third year, and we need to gather information from you and your parent (or guardian) before and after the camp to find out if it was beneficial to you or what we might need to change.

**Are you willing to be part of our evaluation of Winter Break C.A.M.P. by completing questionnaires and participating in an interview?**

**If yes, please include contact information for a parent or guardian below:**

**Parent/Guardian:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Please submit your complete application by mail, email, or fax

**Mail to:**  
Elizabeth McAnulty  
Department of Occupational Therapy  
Springfield College  
263 Alden Street  
Springfield, MA 01109

**Email to:**  
[emcanulty@springfield.edu](mailto:emcanulty@springfield.edu)  
**Fax to:**  
(413) 748-3371  
“Attention Elizabeth McAnulty”

Thank you for completing this application!