

MENTAL, EMOTIONAL, SOCIAL, SPIRITUAL HEALTH QUESTION BANK



Dear visitor,

Asking questions is a core aspect of Jewish tradition and inquiring about those in our community helps us to better serve them. Camps use many systems and processes for gathering information about campers and staff prior to arrival at camp so programming can be tailored to better to support them in having an excellent experience.

This question bank lists some common and not-so-common questions for camps to consider asking in an effort to better support the mental, emotional, social, and spiritual health of campers and staff. In some cases, questions listed here may already be incorporated into your camp's intake process elsewhere – and we encourage efficiency where possible (for the sake of camp staff as well as registering families). Some questions may be explicitly related to mental health, and others may not be so obvious or may fall under multiple categories (including but not limited to behavior, physical health, etc.).

This list is by no means exhaustive, and there are some duplicative options to allow camps to pick and choose as they see fit for their community and needs. It is not intended to be copy-and-pasted without consideration, and we *highly encourage* adaptation.

While this resource focuses on campers, we understand the importance of supporting staff as well. We hope these questions may spark ideas for how to frame conversations with staff to build self-awareness and encourage open communication with their supervisor based on strengths and growth opportunities.

For questions, or to share additions as this is a living resource, please reach out to jill@jewishcamp.org.

We wish you a wonderful summer of supporting MESSH and all those in your camp community, Foundation for Jewish Camp

This project is possible through the generosity of The Marcus Foundation as part of the [Yedid Nefesh initiative](#). We are grateful to the 30+ day and overnight camps who shared their intake questionnaires and survey forms with us through the Yedid Nefesh initiative and other avenues. The questions included here were reviewed by a licensed clinical social worker with a history of leading community care at Jewish camp, as well as reviewed by members of the Yedid Nefesh Advisory Group, including camp professionals and mental health experts.

TABLE OF CONTENTS

STRENGTHS	<i>page 3</i>
CHALLENGES	<i>page 4</i>
DIAGNOSTIC / THERAPEUTIC	<i>page 5-6</i>
LIFE SKILLS & COPING STRATEGIES	<i>page 7-8</i>
FAMILY INFORMATION	<i>page 9</i>
PREPARATION	<i>page 10</i>
MEDICATION	<i>page 10</i>

Some notes on language:

- *Questions often use “your camper” to refer to the person in question. This resource acknowledges families of different make-ups and that the adult completing camper forms may not be a parent. It is suggested, if technology allows, to use the camper’s name to encourage personalized relationships – or use vernacular most comfortable for your camp community.*
- *Unless it is a specific diagnosis, lower case letters are used for terms such as anxiety, depression, hyperactivity, etc. in efforts to differentiate, remove stigma, and encourage more engagement in open conversations.*
- *Some questions may show up multiple times, and often duplicative options are included here. We encourage camps to pick and choose as you see fit for your community and needs. It is not intended to be copy-and-pasted without consideration, and we highly encourage adaptation.*

**MENTAL, EMOTIONAL, SOCIAL, SPIRITUAL HEALTH
QUESTION BANK**



STRENGTHS:

- Does your camper have any special skills or talents?
- Does your camper play a musical instrument? (Yes/No)
- Is your camper bilingual? (Yes/No)
 - If yes, which languages?
- My camper likes to get up and speak/read in front of others:
 - Strongly agree/Agree/Neutral/Disagree/Strongly disagree
- As camp encourages cooperation and involves navigating group dynamics, tell us about the roles you typically see your camper in during group situations: (Circle all that apply)
 - influencer, amenable/go with the flow, creative, musical, leader, follower, active participant, sideline observer, other: [open text box]
- For Returning Campers:
 - Tell us about your camper's experience last summer, including highlights, favorite activities, challenges, etc.
 - Please provide a brief overview of how you feel your child has grown, developed, and/or changed since last summer
- How do your camper's teachers describe them?
- What does your camper do in their spare time? (hobbies, youth group, games, sports, clubs, etc.)
- Share some of your camper's social strengths
- Skills: Does your camper know how to...
 - Ride a bike
 - Swim
 - Read music
 - Read Hebrew and/or Torah
 - Cartwheel
 - Other [open text box]
- Tell us about motivation for your camper. What helps incentivize your child? Consider when they are tired, nervous, or not excited about a particular activity. Share strategies for encouragement or building excitement about new activities they might be nervous or hesitant about trying.
- What activities does your camper typically enjoy the most at school or other structured settings?
- Are there any activities or experiences your camper is particularly excited for and looking forward to this summer?
- Are there any activities or things your camper really does not like and/or is afraid of?
- Share a little about why you think your camper will be successful in this [day / overnight] camp environment. Or, share any concerns you have about them participating in camp.
- Please use this opportunity to provide additional information to be shared with staff that will help us to get to know your camper and help us to support them having an excellent summer experience.

**MENTAL, EMOTIONAL, SOCIAL, SPIRITUAL HEALTH
QUESTION BANK**



CHALLENGES:

- Is your camper coming to camp with friends or pre-existing social relationships? If yes, please share more about their social circle and any group dynamics you're aware of.
- How does your camp respond to rules set by adults (teachers, coaches, etc.)?
 - No concerns
 - May object, but goes along
 - Sometimes wrestles to follow rules
 - Regularly resists rules
- Please tell us about your camper's academic successes and challenges over the past year.
- Is your camper able to engage and maintain social relationships with peers the same age? (Yes/No)
- Share which of the following, if any, your camper has difficulty with: (check boxes)
 - Staying/getting organized
 - Staying focused on one task
 - Physical transitions
 - Transitioning to a different mindset
 - Other [text box]
 - No concerns
- Please share about any significant challenges your camper has encountered this year. This may include emotional, physical, social, academic, nutritional, family dynamics, or other.
- Is your camper unable to participate in any activities due to medical restrictions? If yes, please elaborate.
- What are your camper's favorite foods? Least favorite foods? Comfort foods?
- Is your camper a "picky eater"? What do they love?
- Does your camper have any fine or gross motor difficulties or physical restrictions? If so, how do you anticipate these could impact their participation in camp activities?

**MENTAL, EMOTIONAL, SOCIAL, SPIRITUAL HEALTH
QUESTION BANK**



DIAGNOSTIC / THERAPUTIC:

- Please share if your camper has been identified as needing support or supplemental services during the school year in any of the following areas (check all that apply):
 - Academic, personal/social, language, speech, OT (occupational therapy), health (i.e. diabetes, allergies, etc.), emotional (i.e. anxiety, fears, etc.), behavioral (i.e. impulsivity, hyperactive, etc.), other [text box]
- Is there an IEP, 504 plan, another accommodation, or do they receive any related services at school?
 - If any of these plans provide support and intervention strategies that could be useful to implement at camp, please describe. (It may be helpful to provide the actual plan.)
 - Please describe in detail any behavioral implications.
- Please list the special services or accommodations provide in their school? (This may include therapies, 1:1 aide, special education classes, resource room, behavioral intervention plan, etc.)
- Has your camper ever seen or been recommended to see a mental health professional? (This could be through a social worker, tutor, therapist, specialized classes.)
 - Is this a current relationship?
 - Please share therapy goals and reasons for therapy. (This will help us maintain and support consistency.)
 - What types of services were received? (This might include counseling, OT, PT, speech/language, other)
- When and for what purposes has your camper participated in therapy or received counseling in the last 3 years? When did treatment begin?
- Does your camper want or need to continue seeing their mental health professional during the summer, by telehealth, to help with continuity of care and stability of symptoms?
- Tell us about the challenges and successes the camper has faced in engaging with treatments thus far.
- Has your camper been diagnosed with any eating disorders or body image concerns? Please describe, including but not limited to anorexia, bulimia, ARFID, or others.
- Does your camper have any sleeping habits of which we should be aware? (Sleepwalking, bedwetting, night terrors, recurring nightmares, sleep walking, restlessness, etc.)
 - [*While this may seem obviously applicable to overnight camp, a day camp may choose to ask so as to be prepared for daytime implications and better anticipate support needs]
- Has your camper ever talked about hurting themselves?
- Has your camper ever struggled with engaging in self-harm, cutting, and/or suicidal thoughts?
- Has your camper been diagnosed as being on the autism spectrum or have behaviors as such?
- Has your camper been diagnosed with having ADD/ADHD?

**MENTAL, EMOTIONAL, SOCIAL, SPIRITUAL HEALTH
QUESTION BANK**



- If yes, is this a primary or secondary diagnosis?
 - If secondary? What is the primary?
- Does your camper take medications for their diagnosis?
- Does your camper have their own specific way of referring to any diagnosis other than using medical terminology? If yes, what terminology is your child/family comfortable with?
- Has your camper's disability been professionally evaluated?
 - If yes, please share the date of testing, by whom/agency, and list the diagnosis.
- Share any significant behavioral challenges your camper wrestles with.
 - aggression, self-injury, shutting down, tantrums, other
- Share any health, behavioral, mental, and emotional struggles that would be helpful for us to know about, and please describe in detail. (This may include allergies, asthma, anxiety, depression, adhd, etc.)

LIFE SKILLS & COPING STRATEGIES:

- Are there any supports that camp could provide so that your camper's experience would be most successful?
 - Are there any supports you expect will be *necessary* and non-negotiable?
- Are there any modifications that need to happen at camp?
- Does your child have any dietary restrictions? (Vegetarian, vegan, dairy-free, gluten-free, other)
- Does your camper have any unique characteristics about which camp should be sensitive? How does your camper feel about this?
- Does your camper wander or run away from groups?
- Has your camper experienced bullying in the past? If yes, please share more.
- Does your camper enjoy the pool? Do they have experience with lakes or open bodies of water? (*if applicable at camp*) Does your camper have any positive or negative associations with water?
- How does your camper handle unstructured activities?
- How does your camper feel about down-time, and are they able to keep themselves busy?
- What should our counselors know about your camper's ability to keep track of belongings, time routines, personal care?
- Does your camper manage their own daily showering, shampooing, teeth brushing, and personal hygiene care?
- Does your camper require any assistance or reminders for toileting, feeding, bathing, or dressing? Please describe.
- How does your camper handle morning wake up?
- Are there any special concerns or suggestions for supporting your camper with self-care or hygiene?
- Do you consider your camper to be flexible? (Yes, No, Sometimes)
- Is your camper able to calm themselves, or will they need or benefit from adult support?
- What are some strategies you use to help your camper calm down?
 - Anything specific when they are upset?
 - Anything specific when they are excited?
- What are some activities your camper likes to do with other people?
- What are some activities your camper likes to do when alone?
- What are some proactive strategies or coping interventions that have worked successfully for your camper?
- Are there any special words or phrases you use with your child?
- Children are coached by their caregivers and parents in many different ways and for many purposes. If your camper gets upset, is there some thing or some way that helps calm them?
- Tell us about any potential provocations for your camper that may upset them. This may include loud noises, certain peers at camp, behaviors, foods.

**MENTAL, EMOTIONAL, SOCIAL, SPIRITUAL HEALTH
QUESTION BANK**



- Before your camper becomes upset or agitated, are there any indicators or signs to be aware of?
- Do you worry about your child's ability to cope with missing home (feeling homesick)?
- Please describe any concerning or negative behaviors which have been observed at home or at school and strategies that have been most effective in managing them. (This may include written pictures or schedules, point systems, praise, time out, etc.)
- Describe the best way to redirect your camper or to engage them in an activity.
- Describe the best ways to introduce or explain new tasks or make transitions between activities.
- What is difficult for your camper regarding social interactions?
- What does it look like when your camper is upset, angry, sad, frustrated?
- When your camper is upset, angry, sad, or frustrated, what are some recommendations on how to handle the situation?
- When changing clothing for swimming, showering, or other activities, does your camper require a private space entirely by themselves?
- For menstrual hygiene:
 - Does your camper get a period?
 - Do you anticipate it could start while at camp this summer?
 - Does your camper need any assistance with menstrual hygiene?
 - Will you be sending necessary supplies with them to camp?

**MENTAL, EMOTIONAL, SOCIAL, SPIRITUAL HEALTH
QUESTION BANK**



FAMILY INFORMATION:

- Does your camper have any siblings, or other family members, attending camp with them this summer? Please describe their relationship dynamics.
- If your camper has siblings who will be at camp, please list their names and ages.
- Share, to your knowledge, any friends or other peers they may know at camp. Please describe their relationship dynamics.
- [For Returning Campers] Tell us how you feel your camper integrated into their bunk/group last summer.
- How was the decision made to attend camp?
- Does your camper want to go to camp? Tell us a little more about why.
- What are some of your goals, as a parent/caregiver, you have for sending your child to camp?
- How would you describe your camper's primary method of Jewish education: (check that apply) Supplementary school, day school, camp, youth group, home or family, none, other
- Please share about the camper's current living situation.
 - With whom does the camper/staff member reside?
 - If different than above, Please share about the camper's parent living situation and names and ages of siblings
- Have there been any changes in the family or home situation over the past year (or generally if this is the camper's first summer at this camp)?
- Is there anyone specifically NOT allowed to pick up or contact your camper? Please provide any relevant documentation as necessary.
- Is there anything about your camper's background or family that would be helpful for us to know?
- Does your camper attend a public or private school? Please share the name of school and teacher contact information.
- Has your camper attended another day camp or overnight camp(s)?
 - Please tell us about their experiences there, number of years at each camp, and a contact person at the camp(s). **If there is a reason you'd prefer we not reach out to previous camp(s), please share some context.*
- [For Returning Campers] What years did they attend our camp? Select upcoming year as well.

MENTAL, EMOTIONAL, SOCIAL, SPIRITUAL HEALTH QUESTION BANK



PREPARATION:

- What additional information or comments about camp, your camper, their experience with adjustment and transitions, or other areas you would like us to know to better understand your camper and help make camp a positive experience?
- Is there any other pertinent information you wish to provide?
- Would you like to speak to someone from our wellness or community care team? [*for new and also returning campers!]
 - Please provide a brief description of what you'd like to discuss so that we can have the appropriate staff member call you. [Include potential community care team members, including but not limited to: nurse, mental health professional, dietary needs cook, etc.]
- What pronouns does your camper use?
- What is your child's gender identity? Would you like to speak with a member of the staff regarding gender identity at camp?
- Are there any situations, stressors, or significant changes in your camper's life of which we can be aware of? (This may include loss, divorce, new job, recent move or change in living situation, new sibling, social pressures, etc.)
- Are there any adults at camp who your camper has a previous connection with from outside of camp? (i.e. teacher, Rabbi, babysitter, etc.)
- When your camper has a challenge, at school or home, who are they most likely comfortably to talk to about the situation?
 - Share about their ability to clearly identify and articulate what is bothering them.
 - Typically, will they approach an adult about an issue or wait for an adult to approach them?

MEDICATION:

- Does your camper have medication to help with attention or learning challenges in school?
- Does your camper take any psychotropic medications, for any reasons? If yes, please list the medications.
- Does your camper regularly carry an Epi-Pen? If so, for what allergies?
- Will your camper use their medication during their time at camp?
- Do you anticipate your camper will take any prescription medications, over the counter medications, vitamins, or supplements during the summer? If yes, are these medications taken daily or as needed?
- Does your child have any food restrictions, specific food needs, or allergies? If yes, please describe.
- Does your child have seizures? If yes, please describe.