

**ACADEMIC INFORMATION**

**SECTION A: TO BE COMPLETED BY THE CAMPER'S PARENT/GUARDIAN**

I give permission to release the following information to ACHIEVE for my camper

\_\_\_\_\_.  
(camper name)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY THE CAMPER'S CURRENT TEACHER.**

*To provide a safe, structured environment for our campers during ACHIEVE's Youth Summer Program, please submit an IEP, 504 and/or BIP if applicable.*

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Classification \_\_\_\_\_ School District \_\_\_\_\_

Current placement and/or grade level \_\_\_\_\_

Teacher Name \_\_\_\_\_ Special Ed Teacher Name \_\_\_\_\_

Does camper have a BIP in place? Yes \_\_\_\_\_ No \_\_\_\_\_

Does camper require a 1:1 aide at school? \*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please explain what supports are for (ie: staying on task, completing schoolwork, aggression, communication, participation etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel camper requires a 1:1 aide in a non-academic setting? \*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please explain what supports would be needed outside of a school setting:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NYSARC, Inc. Broome-Chenango-Tioga County Chapter dba ACHIEVE  
125 Cutler Pond Road Binghamton, NY 13905  
**ACHIEVE YOUTH SUMMER PROGRAM 2026**  
*PLEASE SUBMIT IEP, 504 AND BIP FORMS BY MAY 31, 2026*

**SECTION B: TO BE COMPLETED BY THE CAMPER'S CURRENT TEACHER.**

If 1:1 not needed: Do you feel camper would be successful in a 1:3, 1:5, or 1:8 ratio in a non-academic setting? (Check one) 1:3 \_\_\_\_\_ 1:5 \_\_\_\_\_ 1:8 \_\_\_\_\_

List behavioral concerns:

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Specific routines or techniques used to prevent or deescalate behaviors listed above:

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What are camper's strengths, dreams, and joys?

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What else would you like us to know about this camper?

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Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE SUBMIT IEP, 504 AND BIP FORMS TO:**  
Summer Program Leadership Team, Therapeutic Recreation & Leisure Services  
[summerprogram@achieveny.org](mailto:summerprogram@achieveny.org)