



2019 Camp Xtreme  
Parent Analysis and Survey Form

1. Child's Name: \_\_\_\_\_ Parent(s) \_\_\_\_\_

2. School District: \_\_\_\_\_

3. Is this your first year? Yes No

4. If not how many years? \_\_\_\_\_ (complete question 10 below)

5. Current academic status (circle)      Below Average    Average    Above Average

6. Any learning challenges to assist us in the program?

7. Any medical concerns or issues we should know about?

8. What sports programs or extra curriculum programs is your child involved in?

9. What are your expectations from the camp?

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10. If you are a returning parent,

- a. Do you feel your child returned to school more prepared?
- b. Do you feel the camp served your needs?
- c. Would you recommend this program to others?

COMMENTS

I acknowledge that I am authorizing the school to provide updated academic information to the Montgomery County OIC in order to provide outcomes related to the funded program at their facility. All information will be held in strict confidential and not be shared with other providers.

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Authorized Parent/Guardian