Kent Mountain Adventure Center, Inc.

Participant Trait List

To be completed by parent/legal guardian

Participant Name:			
Parent Name:			
The following information is designed knowledge of your child's backgrounchild's participation on a KMAC couprogramming on all courses. Please confidential.	nd and to determine rse. This information	e the appropriateness n is to ensure quality	of your
Please circle a number for each trait	t.		
LOV	W	HIGH	
 Achievement in school Interest in school Success in making friends Relationship with parents Relationship with teachers Self confidence Leadership ability Responsibility toward self Responsibility towards others Dependency on others Ability to deal with frustration Ability to problem solve Ability to deal with anger Attention span Physical condition/fitness 	1	.3	
In the following questions please cir	cle "Y" for yes and "	'N" for no.	
Previous camping experience? Prone to home sickness? Temper tantrums?	Y Y Y	N N N	

History of:

Running away	Υ	Ν
Stealing	Υ	Ν
Fire setting	Υ	Ν
Use of alcohol/drugs	Υ	Ν
Physical trauma	Υ	Ν
Emotional trauma	Υ	Ν

If "yes" to any of the above, please elaborate.

Please describe your child's strengths, abilities, and talents.

Family situation (circle): Living with both parents Living with one parent

Parents Separated; shared living with both

If your child has any particular learning disabilities or behavioral problems that KMAC should be made aware of, please describe.