



Idaho State University

IDA SUMMER DANCE CAMP INTENSIVE DORM MOM QUESTIONNAIRE

Name: _____

Address: _____

Phone #: _____ Dancer's Name: _____

Your email: _____ Week(s) Preferred: _____

1. How are you at settling disputes? (Give discipline methods, temper-level, specific examples, etc.)

2. What experience have you had dealing with children ages 11-18? (List at-home and out-of-home.)

3. What special talents would you bring to dance camp that would either help you be a better dorm mom or enhance the students' experience?

4. Do you have small children at home? If so, what arrangements would you make for their care during Dance Camp?

5. List some activities (games, crafts, etc.) that you could lead the girls in during Dance Camp.

6. What do you consider your weaknesses?

7. What are your teamwork skills / people skills?

8. Where does your daughter or son take their dance lessons?

Studio Name: _____

Studio Address: _____

Instructor/Owner Name: _____ Their Phone: _____

Their email address: _____

How many years has your child taken dance? _____

Please complete questionnaire and ISU application by APRIL 1st and return to:

Kolissa Manchan

ISU Dance Team

921 S. 8th Ave. STOP 8173

Pocatello, ID 83209-8173

Or e-mail to manckoli@isu.edu