



ENROLLMENT APPLICATION

DATE: _____

STUDENT'S LEGAL NAME: _____ PREFERRED NAME: _____

SOCIAL SECURITY #: _____ GENDER (circle one): Male Female

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ CURRENT AGE: _____

US CITIZEN (circle one): Y N RACE: _____ CHILD LIVES WITH: _____

FATHER'S INFORMATION:

NAME: _____ HOME PHONE #: _____

OCCUPATION: _____ EMPLOYER: _____

WORK PHONE #: _____ CELL PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

EMAIL ADDRESS: _____

MOTHER'S INFORMATION:

NAME: _____ HOME PHONE #: _____

OCCUPATION: _____ EMPLOYER: _____

WORK PHONE #: _____ CELL PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

MEDICAL INFORMATION:

STUDENT'S DIAGNOSIS: _____ DIAGNOSING DOCTOR: _____

Please note that documentation must accompany this application.

DOES THE STUDENT HAVE ANY KNOWN ALLERGIES (circle one): Y N

IF YES, PLEASE LIST: _____

DOES THE STUDENT HAVE SEIZURES (circle one): Y N

DOES THE STUDENT REQUIRE MEDICATION? (circle one): Y N

IF YES, PLEASE LIST: _____

PLEASE LIST ANY OTHER MEDICAL INFORMATION: _____

EDUCATION BACKGROUND:

REASON FOR ENROLLMENT AT THE LEARNING CENTER: _____

CURRENT EDUCATIONAL PLACEMENT: _____

IF HOME PLACEMENT, NUMBER OF HOURS PER WEEK PROVIDED: _____

HAVE YOU, AS PARENTS, RECEIVED TRAINING IN APPLIED BEHAVIOR ANALYSIS? (circle one): Y N

HOW DID YOU HEAR ABOUT THE LEARNING CENTER: _____

LEARNING READINESS:

Please mark all that apply.

EYE CONTACT:

_____ Makes spontaneous eye contact

_____ Eye contact when asked

_____ Does not make eye contact

APPROPRIATE SITTING:

_____ Sits when asked to do so. For how long? _____

_____ Sits with minimal prompting

_____ Does not sit appropriately

FOLLOWING DIRECTIONS:

_____ Follows complex directions (2 or more steps)

_____ Follows simple directions (i.e. "clap hands", "sit down")

_____ Can follow simple directions with minimal prompting

_____ Does not follow any directions

LANGUAGE SKILLS:

- _____ Reciprocates information using sentences
- _____ Speaks in full sentences. Approximate number of words in a sentence: _____
- _____ Speaks in phrases. Approximate number of words in a phrase: _____
- _____ Uses single words
- _____ Uses manual signs
- _____ Does not use words or signs
- _____ Is echolalic
- _____ Uses PECS for communication
- _____ Uses a speaking device (i.e. iPad, iPod, tablet, etc.)

TOILETING:

- _____ Is completely trained, toilets self
- _____ Is night trained
- _____ Is bowel trained only
- _____ Is urine trained only
- _____ Does not wear diapers but is taken to the toilet
- _____ Wears diapers but is toileted
- _____ Wears diapers all the time and never uses toilet

DRESSING:

- _____ Can dress independently
- _____ Assists in dressing
- _____ Needs to be dressed
- _____ Resists dressing

EATING:

- _____ Uses all/some utensils appropriately
- _____ Uses fingers to feed self
- _____ Must be fed
- _____ Can drink from a straw
- _____ Has strong food aversions and preferences

PLAY SKILLS:

- _____ Purposeful exploration of toys
- _____ Symbolic play (i.e. brushes doll's hair, feeds the doll, puts spoon in pan, etc.)
- _____ Parallel play
- _____ Play schemes include others (sibling, peer, etc.)

FINE MOTOR ACTIVITIES:

- _____ Insert puzzles
- _____ Strings beads
- _____ Puts pegs in a pegboard
- _____ Takes turns with peer or parent
- _____ Can use crayons/pencils
- _____ Plays with manipulative toys
- _____ Builds with blocks

GROSS MOTOR ACTIVITIES:

- _____ Walks
- _____ Runs
- _____ Skips
- _____ Jumps
- _____ Rides a bike with training wheels
- _____ Rides a three wheel bike
- _____ Rides a bike without training wheels
- _____ Rides a kick scooter

LIST ALL OTHER PLAY SKILLS THAT CHILD ENGAGES IN: _____

BEHAVIORS:

Have you ever observed self-stimulatory behavior (s) such as rocking, hand regard, flapping, excessive jumping, spinning, repetitive behaviors? (circle one) Y N

Please describe: _____

Have you ever observed self-injurious behavior (s) such as biting, scratching, head banging, and/or head hitting? (circle one) Y N

Please describe: _____

Have you ever observed aggressive behavior (s) such as hitting, pinching, kicking and/or biting? (circle one) Y N

Please describe: _____

LIKES AND DISLIKES:

Please list your child's likes: _____

Please list your child's dislikes: _____

List below any activities/behaviors you have observed your child engage in independently while at home:

Does your child have an IEP indicating need for services for autism? (circle one) Y N

If yes, please check one of the options below.

_____ Current IEP from Palm Beach County

_____ Current IEP from out of county/state

_____ Have an IEP that is out of date

_____ Currently in Early Steps/Early Intervention Program

Please include a copy of the most current IEP for your child.

Please include any other information you wish, such as a videotape, evaluations, etc.