**Gulf Coast**

**School for Autism**

ENROLLMENT

PACKAGE

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Family Information |

**(1)** Parent / Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###  First Middle Last Relation to Child

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *Address City State Zip*

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(2)** Parent / Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###  First Middle Last Relation to Child

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *Address City State Zip*

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Social (For McKay Scholarship Usage):

Sibling Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 *First Middle Last Relation to Child Age*

Sibling Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 *First Middle Last Relation to Child Age*

Sibling Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 *First Middle Last Relation to Child Age*

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| Student Information |

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_

###  First Middle Last

Sex: M F Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *Address City State Zip*

Student’s Primary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When was diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When was diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When was diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When was diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Medical Information |

### Is the student currently on any medications? YES NO

*If* YES, *please list medications below*:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Type of Medication*** | ***Dosage*** | ***Administration Time*** | ***Purpose*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Have there been any recent changes in medications*?* YES NO

*If* YES *Please Explain*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been admitted to a hospital or treatment center*?* YES NO

*If* YES *Please Explain*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any medical conditions to consider when delivering ABA services*?* YES NO

*If* YES *Please Explain*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any other medical treatment interventions*?* YES NO

*If* YES *Please Explain*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student’s Primary Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Educational and Therapy Information |

Please list the services the student is **currently** receiving (or the last attended):

[ ]  Public School (K – 12) County:\_\_\_\_\_\_\_\_\_\_\_\_ Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade:\_\_\_\_\_\_ [ ]  ESE [ ]  Has current IEP

 Services: [ ]  OT [ ]  PT [ ]  Speech [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Private School County:\_\_\_\_\_\_\_\_\_\_\_\_ Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade:\_\_\_\_\_\_ [ ]  ESE [ ]  Has current IEP

 Services: [ ]  OT [ ]  PT [ ]  Speech [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Pre-School or Daycare Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Home School [ ] Provided by School [ ] Provided by Therapist [ ] Provided by Parents

[ ]  Early Intervention Program Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other Therapies or Previous Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Functional Behavioral Assessment |

Please list the student’s behaviors that interfere with learning or make them less successful at home:

|  |  |  |
| --- | --- | --- |
| [ ]  Attention Seeking Behaviors  [ ]  Physical Aggression [ ]  Self Stimulatory Behaviors | [ ]  Noncompliance  [ ]  Self Injurious Behaviors [ ]  Throwing / Dumping Objects | [ ]  Whine / Cry / Yelling  [ ]  Property Destruction [ ]  Elopement / Running Away  |

Please describe these behaviors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe the frequency of these behaviors *(How many times per day or per week etc.)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there situations where the behavior is most likely to occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there situations where the behavior is least likely to occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How are you currently dealing with the behaviors now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions regarding student’s problem behaviors:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  1. Does the problem behavior occur when the student is not receiving attention or when caregivers are paying attention to others? 2. Does the problem behavior occur when the student’s request for preferred items or activities are denied or taken away?3. When the problem behavior occurs do caregivers usually try to calm down the student or involve student in preferred activity?4. Is the student usually well behaved when getting lots of attention or when preferred activities are available?5. Does the student usually fuss or resist when asked to perform a task or participate in an activity? |  Yes No N/A Yes No N/A Yes No N/A Yes No N/A Yes No N/A |  |  12. Is the problem less likely to occur when sensory stimulation activities are presented? 13. Is the problem behavior cyclical, occurring for several days and then stopping? 14. Does the student have recurring painful conditions such as ear infection or allergies? Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15. Is the problem behavior more likely to occur when the student is ill or not feeling well? 16. If the student is experiencing physical problems and these are treated, does the problem behavior usually go away? |  Yes No N/A Yes No N/A Yes No N/A Yes No N/AYes No N/A |
|  6. Does the problem behavior occur when the student is asked to perform tasks or to participate in activities? 7. If the problem behavior occurs while tasks are being presented, is the student usually given a “break” from the task or activity?8. Is the student usually well behaved when not required to do any tasks or activities? 9. Does the problem behavior occur when no one is nearby or watching? 10. Does the student engage in the behaviors even when preferred leisure activities are available? 11. Does the problem behavior appear to be a form of the student providing “self stimulation”? |  Yes No N/A Yes No N/A Yes No N/AYes No N/A Yes No N/A Yes No N/A |  |   |
|  **Scoring Summary**Circle the number of each question that was answered “Yes” and enter the number of items circled in the “Total” Column. Items Circled “Yes” Total Potential Source of R+ 1 2 3 4 \_\_\_\_\_ Social Attention/Preferred Items 5 6 7 8 \_\_\_\_\_ Social Escape Tasks/Activities9 10 11 12 \_\_\_\_\_ Automatic Sensory Stimulation13 14 15 16 \_\_\_\_\_ Automatic Pain Attenuation Questions regarding students problem behavior are acquired from the FAST (Functional Analysis Screening Tool) from The Florida Center on Self-Injury. |
| Student Learning Level Assessment |

Please complete the following assessment of your child’s current learning level. Please circle the number that best

describes your child’s current level for that area. You may also provide additional comments in the space provided.

|  |  |
| --- | --- |
| 1. Cooperation in Instruction:1. Always avoids work and is uncooperative with adults2. Will look at reinforcing or common items when presented3. Will allow reinforcing items to be removed4. Will do 1 brief response for powerful reinforcement 5. Has multiple items or activities that act as reinforcement6. Can engage in 5 responses without escape behaviors7. Can work for 1 minute without escape behaviors8. Can work for 5 minutes without escape behaviors9. Can work for 10 minutes without escape behaviors10. Task completion serves as reinforcement for workcomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Imitation Skills:1. No imitation of other’s motor movements2. Motor imitation using objects such as a car or other toy3. Motor imitation of gross motor movements4. Motor imitation of arm and hand movements5. Motor imitation of foot and leg movements6. Motor imitation of head movements7. Motor imitation of mouth or tongue movements8. Imitates the speed of a motor movement9. Motor imitation of fine motor movements10. Imitation of a sequence of actionscomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Requesting for Items or Activities:1. Only engages in inappropriate behavior to indicate needs2. Will pull, drag or point to indicate desired items or activities3. Can appropriately request for 2-3 items with many prompts4. Can request for many items or activities with prompts5. Readily and reliably request when asked *what do you want*6. Spontaneously request for many items with one word7. Requests for many items/activities with 2-3 word phrase8. Often request for items/activities using a full sentence9. Request for information using Who, What, Where etc.10. Request using adjectives, prepositions, pronouns etc.comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_7. Responding Conversationally:1. Cannot fill-in words from simple songs or phrases 2. Can fill-in a few words from simple songs or phrases3. Answers some simple questions about self; name, age etc.4. Can fill-in items when told it’s features or functions5. Can state the class of items like furniture, food etc.6. Can answer some questions like Who, What, Where etc.7. Answers Can, Do, Does, Will questions with Yes and No8. Can answer some questions about future or past events9. Can answer many academic questions10. Maintains a conversation with adultscomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Academic Skills:1. Cannot identify any letters or numbers2. Can identify some letters 3. Can identify some numbers4. Can write some approximation of letters and/or numbers5. Can identify all letters6. Can identify all numbers 1-207. Can identify some sounds of some letters8. Can read some simple words9. Can spell some simple words10. Can read fluently, spell words and add some numberscomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 2. Receptive Language:1. Shows little to no receptive understanding of others2. Is selective in receptive compliance to others3. Will follow instruction to do reinforcing activity4. Will follow instruction to do simple action (Sit down. etc.)5. Follows instruction related to daily activities6. Will receptively identify items by pointing to them7. Will receptively identify items from an array of items8. Receptively identifies body parts9. Can select items when told the feature, function or class10. Follows a multiple component sequence of instructioncomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Vocal Response:1. Makes little to no vocal sounds2. Makes just a few speech sounds3. Will sometimes say an approximation of a couple of words4. Can imitate some basic sounds reliability when requested5. Can imitate consonant or vowel blends when requested6. Imitates some approximation of words when requested7. Can imitate any word clearly when requested8. Can imitate 2-word combinations when requested9. Can imitate any phrase when requested10. Can imitate varying intonations and prosody comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Labeling Items or Properties:1. Cannot label items using a sign or a vocal response2. Can label some reinforcing items3. Can label some common items4. Can label some people5. Can label some actions 6. Can label some colors or other adjectives7. Can label some body parts8. Can label some items using yes and no9. Can label items, events and properties using a sentence10. Can label emotions of self and otherscomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Social Interactions:1. Makes little to no attempt to interact with others2. Is appropriate when near siblings or peers3. Shows interest in the behaviors of others4. Approaches and attempts to interact with others5. Will make good eye contact only with some people6. Makes good eye contact sometimes with adults and peers7. Will reliably return greeting to others8. Will reliably initiate greeting to others9. Will give up items or wait turn only with adults10. Will take turns and give items when interacting with peerscomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Independent Functioning Skills:1. Is not toilet trained and is in diapers2. Needs assistance in dressing and grooming3. Needs assistance in feeding self4. Can eat some finger foods by self5. Can use spoon and/or fork with some assistance6. Can independently feed self7. Can stay dry if taken on a schedule to the toilet8. Can spontaneously request to use the toilet9. Can independently use the restroom10. Can independently dress and groom selfcomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student Learning Level Chart |

*Please fill in the chart below based on the Student Learning Level Assessment found on the prior page.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 *Cooperation Receptive Imitation Vocal Request Labeling Conversation Social Academic Ind. F(x)*

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| Student Reinforcement Inventory |

Please list the items and activities that appear to be preferred by the student.

Preferred Edible Items (foods/snacks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Preferred Drinks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Video or Music: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Preferred Games or Toys: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Preferred Indoor Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Outdoor Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Preferred Places to Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What does student spend most of free time at home doing?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What does student find reinforcing about current educational environment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Student Narrative |

Please provide some background information about student and his/her current functioning, cooperation, learning level, educational development, social development, and ability to communicate with others. Please include the student’s strengths along with his/her deficit areas.

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| Expectations |

Please provide some of your expectations for your child for his/her growth and development.

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| Supplemental Information  |

Please provide additional information enclosed or attached to this Enrollment Package.

[ ]  Students current or most recent Individual Education Plan

[ ]  Other Psychological or Educational Evaluations

[ ]  Other applicable Medical Evaluations