



EMMANUEL'S PLACE™

Admissions Application and Assessment

Office Use Only

App Rec'd: _____
 Paid Fee: _____
 Tour: _____
 Start Date: _____

Requested Start Date _____

Name of Child: _____
 (First) (Middle) (Last)

Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female

Race: ___ Caucasian ___ African American ___ Hispanic ___ Asian ___ Other

Program Choice:

(Please use "1" to indicate first choice, "2" for second choice, etc.)

Days	*Full Day (9 – 3)	Morning (9 – 12)	Afternoon (1 – 4)	After School (4:15 – 6:15)
M – F				
M / W / F *pending availability				
M / W *pending availability				
T / TH *pending availability				

**Students must be 5 or older to attend full day.*

After school programs are discontinued for the months of July and August due to our Summer Program.

Family and Background Information

Parent / Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Email: _____

Employer: _____ Title: _____

Parent / Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Email: _____

Employer: _____ Title: _____

What other parent/guardian are involved in this child's life? _____

Please indicate whether there is a separation, divorce, and/or custody that may be pertinent to your child's education?

Please list any siblings:

Name: _____	Age: ____	Gender: _____
Name: _____	Age: ____	Gender: _____
Name: _____	Age: ____	Gender: _____
Name: _____	Age: ____	Gender: _____
Name: _____	Age: ____	Gender: _____

Please list any barriers or supports that influence the family dynamics, which would include such things as vocational, spiritual, cultural, educational, legal issues or services:

Please list the extent of the family's participation in the child's life and support for treatment:

Please list the child's previous school or current school attending:

Name/Organization: _____

Address: _____

Phone: _____ **Email:** _____

Please list any past or present Consultants, Speech Therapists, Occupational Therapists, or other organization(s) who have worked with or who are currently working with the applicant:

Name/Organization: _____

Address: _____

Phone: _____ **Email:** _____

Medical Information

Primary Diagnosis: _____ Age at Diagnosis: _____

Secondary Diagnosis: _____ Age at Diagnosis: _____

Organization(s) that Diagnosed: _____

Professional(s) who made diagnosis: _____

Is there a family history of diagnosis? ____ Yes ____ No If so, please explain: _____

Please list any allergies: _____

If the applicant has a medical condition or allergy, is there an action plan approved by the child's doctor?
 ____ Yes ____ No **If so, please submit with the child's application.**

Is the applicant up to date on vaccinations? ____ Yes ____ No

Please provide documentation of vaccinations or medical exemption signed by physician or a formal statement of religious objection.

Please list current special diets or dietary restrictions: _____

Please list if the applicant has any infectious diseases: _____

For children older than 12 years of age:

Do you suspect your child has a problem with drugs or alcohol? ____ Yes ____ No

Please list any biological interventions:

<u>Intervention</u>	<u>Date Started</u>	<u>Date Ended</u>

Please list current medications:

Assessment Information

<u>Medication</u>	<u>Dosage</u>	<u>Frequency of Administration</u>	<u>Will Administration During School be Required? If so, when?</u>	<u>Date Started</u>

Have you ever been to a presentation regarding Verbal Behavior methodology?
 ____ yes ____ no

If yes, please list the presenter, location of presentation and date of presentation:

Does your child currently have a home program? If yes, please describe the type of program, the frequency of sessions, length of sessions and individuals involved in the sessions.

Please describe your child's current functional communication system (PECS, signs, vocal).

Please describe your child's current cooperation in teaching situations. What reinforcers are used? How many responses are required before reinforcement is delivered? Does teaching occur at a table or in the natural environment?

Please describe your child's current receptive repertoire (i.e. responding to name, following 1 and 2 step directions, selecting items when asked).

Please describe your child's current ability to imitate (i.e. When asked to "Do this", does you're your child imitate). If yes, please describe what types of motor movements your child will imitate (imitation with objects, gross motor imitation).

Please describe your child's current vocal imitation (i.e. Does your child say a sound, word, or phrase when asked to).

Please describe how your child currently requests (mands). This includes requesting desired items/activities, actions, attention, information, and stopping undesired activities.

Please describe your child's current labeling (tacting) repertoire. (i.e. Will your child label items that are present in the environment, etc when asked questions such as "What is it").

Please describe your child's current ability to talk about things that are not present in the environment (intraverbals). When answering this, think of your child's current level of conversational language.

Motivators

What items/activities are most motivating to your child?

Visual Motivators (i.e. TV/movies, computer, video games, wind up toys, tops/spinners, light up toys, picture/pop up books, marble ramps, balloons, glittery/shiny items, lights, gears, etc)

Auditory motivators (i.e. music, books with sound, whistles, musical instruments, singing)

Tactile (touch) motivators (i.e. squishy/stress balls, lotion, sand, beans, rice, shaving cream, Playdoh, clay, water play, paper shreds, bendy and stretchy items, bean bags, textured blocks, bubbles, finger painting)

Kinetic (movement) motivators (i.e. trampolines, inflatable bounce toys, exercise balls, rolling, spinning, jumping, sit and spin, moon shoes, crawling, running, bicycling, wagons, rocking, climbing, crashing, swinging, sliding, being thrown in the air)

Please list any items/activities that your child dislikes (i.e. loud noises/toys/voices, swinging, tickles, hugs, etc).

General Behavior Questions

Does your child accept "no" when he/she cannot have a desired item/activity at the time it is desired? If not, please describe your child's reaction.

Are you able to remove reinforcing items/activities at home and/or in public? Please describe.

Does your child wait appropriately? Please describe.

Does your child demonstrate compliance when asked to follow directions? Please describe.

Please list (briefly describe) behaviors that your child currently demonstrates that you would like to see continue or increase.

Please list (briefly describe) behaviors your child currently demonstrates that you would like to see decrease and/or stop.

Potty Training

Is your child potty trained? _____ yes _____ no

If yes, does your child ask to use the bathroom independently? Is he/she on a schedule? What is the schedule?

If no, is this something you would like to address? _____ yes _____ no

Eating

Does your child eat a variety of food? _____ yes _____ no

If no, what types of foods does your child eat?

Is this something you would like to address? _____ yes _____ no

If yes, in what way?

Sleeping

Does your child have any difficulty sleeping through the night? If so, please describe.

Goals

Please list short term and long term goals you would like to see your child achieve.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

How do you plan to pay? Cash ____ Check ____ Insurance ____ *Grant ____
Limited availability

If you plan to pay by insurance, please list:

Insurance provider's name: _____ *Phone:* _____

Policy holder's name: _____ *Policy Number:* _____

Please provide a copy of the front and back of your insurance card

PLEASE NOTE: In order for your child's experience at Emmanuel's Place to be a success, we ask each family to attend team conferences, and parent workshops so that effective follow through may occur at home. Parents should also read and understand the Verbal Behavior training manual. The child who will benefit the most from enrollment at our school is the child whose parents are supportive of the Verbal Behavior method.

THANK YOU FOR YOUR INTEREST!

The undersigned hereby acknowledge that the information contained in this application is accurate in all respects.

PARENT/GUARDIAN: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____

Please send completed application with \$100.00 non-refundable application fee to:

**Emmanuel's Place
Address
Foley, AL
251.209.5983**

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