



Creating developmental roadmaps for children with autism and social-communication delays

# 2010-2011 Application & Enrollment Agreement

**Student:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Male/Female** (circle)

Are you a current IDP client? Y / N

Are you currently receiving independent services with Autism Journeys? Y / N

Are you a former client? Y / N

Have you received an initial consultation within the last year? Y / N

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Legal Guardian(s):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street, City, State & Zip)

**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Preferred method of contact:** \_\_\_\_\_  
(home, cell, email)

## Enrollment Agreement (10-month school year)

We understand that the contract period is for a full ten-month school year. Payments will be received via electronic fund transfer (EFT) on the 5th of every month, prior to services being rendered beginning August 5th, 2010 and ending May 5th 2011. We understand we may be subject to a \$15.00 fee for non-sufficient funds at the time of EFT. Autism Journeys reserves the right to terminate placement based on failure to pay after 30 days. We understand that a 14 day written notice is required in the event of a mid-year withdrawal from school. We understand we may be responsible for future months tuition, until Autism Journeys has filled the vacancy.

Upon acceptance, we understand we will receive additional policies and procedures regarding payment, emergency care, etc...at the preschool orientation to be held in August.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Class Options

Please indicate your preference

\_\_\_\_\_ Monday & Wednesday: 8:30-11:30 \$400/month

\_\_\_\_\_ Tuesday & Thursday: 8:30-11:30 \$400/month

\_\_\_\_\_ Monday-Thursday: 8:30-11:30 \$700/month

**Each class will have 8-10 children, 1 lead instructor and 2-4 assistants.**

**Classes run August 23, 2010- June 9, 2011**

Please return this application with the \$50 non-refundable application fee & complete student intake form.

*There is no application fee required for current clients.*

Please make checks payable to: Autism Journeys, Inc.



# Student Intake Form

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To encourage individual growth, it's important we understand your child's *current* level of development. Please rate the following questions to the best of your knowledge.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Rating Scale: 1: not observed/ No/ NA 2: on occasion 3: frequently 4: mastered/Yes**

Social Communication		1	2	3	4
1	Does your child initiate bids for interaction?				
2	Does your child engage in brief back & forth interactions (2-4 circles)				
3	Does your child engage in extended back & forth interactions?				
4	Does your child follow a distal point?				
5	Does your child point to items of interest?				
6	Does your child spontaneously imitate actions/sounds?				
7	Does your child respond to his/her name?				
8	Does your child make requests with visuals?				
9	Does your child make verbal requests?				
10	Does your child respond to changes in others emotions?				
11	Does your child comment on objects, actions or events?				
12	Does your child request information about things of interest?				
13	Does your child use an appropriate rate of communication?				
14	Does your child recognize breakdowns in communication?				
15	Does your child modify his/her language to repair miscommunications?				
16	Does your child protest undesired object or activities?				
17	Does your child initiate interactions & share experiences with peers?				
18	Does your child use familiar objects in constructive play?				



# Student Intake Form

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Person completing this form: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Rating Scale: 1: not observed/ No/ NA 2: on occasion 3: frequently 4: mastered/Yes**

Emotional Regulation		1	2	3	4
1	Does your child share negative & positive emotions?				
2	Does your child make choices when offered by partners?				
3	Does your child share negative emotion to seek comfort?				
4	Does your child share positive emotion to seek interaction?				
5	Does your child request help when frustrated?				
6	Does your child accept help when offered?				
7	Does your child demonstrate the ability to inhibit actions & behaviors?				
8	Does your child persist during tasks with reasonable demands?				
9	Does your child participate in new and changing situations?				
10	Does your child demonstrate emotions appropriate to context?				
11	Does your child use language strategies to regulate arousal?				
12	Does your child use behavioral strategies to regulate arousal?				
<b>Additional Comments</b>					