For office use only:

Last Name

Payment Method: ❑ Cash ❑ Check#

ABLLS? ❑ Yes ❑ No Date

summit learning center

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Roswell, GA 30076

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INSTRUCTIONS:
Please fill out the following areas to the best of your ability. Include copies of paperwork where necessary.

Admission Application

Section 1

Areas

Areas:

- ❑ Caregiver Information
- ❑ Child Information
- ❑ Medical Information
- ❑ Therapies and Services: *Please include most recent IEP*
- ❑ Behavior Assessment/Parent Interview
- ❑ Behavior/Language Assessment: *Please attach copy of ABLLS (if applicable)*
- ❑ Child Motivation/Reinforcer Inventory
- ❑ Narrative
- ❑ Expectations

Section 2

Caregiver Information

Parent/Caregiver #1

Last ______ First ______

Relation to child ______

Address ______

Phone # (home) ______

City ______ State ______ Zip ______

Phone # (work) ______

Parent/Caregiver #2

Last ______ First ______

Relation to child ______

Address ______

Phone # (home) ______

City ______ State ______ Zip ______

Phone # (work) ______

Do you have any other children? ❑ Yes ❑ No

If yes, please list their names and ages:

Name ______ *Age* ______

Name ______ *Age* ______

Name ______ *Age* ______

Name ______ *Age* ______

Name ______ *Age* ______

Section 3

Child Information

Child Information

Last First

Age DOB

Social Security Number / /

Sex: ❑ Male ❑ Female

City State Zip

Primary Diagnosis Date of Diagnosis:

Secondary Diagnosis Date of Diagnosis:

Other Diagnosis Date of Diagnosis:

Medical Information

Does the child currently take any medications? ❑ Yes ❑ No

If yes, please list them below:

Medication	*Dosage*	*Administration times*	*Used to treat*
Medication	*Dosage*	*Administration times*	*Used to treat*
Medication	*Dosage*	*Administration times*	*Used to treat*
Medication	*Dosage*	*Administration times*	*Used to treat*
Medication	*Dosage*	*Administration times*	*Used to treat*

Does your child have a history of seizures? ❑ Yes ❑ No

If yes, please explain:

Section 3 (continued)

Child Information

Please list any additional medical information that you feel is important:

Section 4

Behavior Assessment / Parent Interview

Behavior Assessment/Parent Interview

Please list and briefly explain any problem behaviors that may interfere with your child's learning:

1.

2.

3.

4.

Please rate your child on the following behaviors

	Frequently	Occasionally	Never
Self-Injurious Behavior	❑	❑	❑
Aggression towards others	❑	❑	❑
Self-Stimulatory Behavior	❑	❑	❑
Running from caregivers	❑	❑	❑

Have any physical or mechanical restraints been used to decrease these behaviors?
❑ Yes ❑ No

If yes, please explain:

Section 4 (continued)

Behavior Assessment / Parent Interview

Please read and check the following that apply:
My child's behavior may be due to:

- ❑ Discomfort or pain (headache, stomach ache)
- ❑ Deprivation (hungry, sleepy, thirsty)
- ❑ Medication
- ❑ Weather condition (rain, thunder, cold, windy)
- ❑ Skill deficit (lack of communication, difficulty of task)
- ❑ Stimuli (too many people, noisy environment, tone of voice)
- ❑ Self-stimulatory behavior
- ❑ Escape from demands
- ❑ Termination of preferred activity
- ❑ Transition time

Describe situations in which the behavior is MOST LIKELY to occur

Days/Times: Setting:

Person (s) Present: Activity:

What happens directly before the behavior?

What happens directly after the behavior?

Describe situations in which the behavior is LEAST LIKELY to occur:

Days/Times: Setting:

Person (s) Present: Activity:

Does the child ever run or dart from caregiver? ❑ Yes ❑ No

If yes, what procedure do you use to get him/her back?

Has the child ever escaped from a caregiver? ❑ Yes ❑ No

Does the child escape frequently from caregiver? ❑ Yes ❑ No

Section 4 (continued)

Behavior Assessment / Parent Interview

What type of communication does your child currently use (check all that apply)?

❑ Verbal ❑ PECS ❑ Sign Language
❑ Voice output device ❑ No specific type

Is your child potty trained?

❑ Fully potty trained ❑ Not BM trained ❑ Not potty trained

Section 5

Behavior/Language Assessment

Behavior/Language Assessment

Has your child ever been evaluated using the *Assessment of Basic Language and Learning Skills* (ABLLS-R)? ❑ Yes ❑ No

If yes, when was the most recent date of assessment? ______

Please copy and attach the front grid page of your child's latest ABLLS-R.

Section 6

Child's Motivation/ Reinforcer Inventory

Child's Motivation/Reinforcer Inventory

Please list your child's motivators and reinforcers for the following categories:

Persons: ______

Activities: ______

Games/Toys: ______

Food/Drink: ______

Store/Shop: ______

Restaurant: ______

Item/Object: ______

If left alone for a period of time, what will the child do? ______

______

______

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Section 7

Narrative

Narrative

Briefly describe the child and include their ability to follow directions, strengths, needs, communication ability, cooperation with peers/adults, and any behavior issues. Please list any comments or concerns you have for the child:

Section 8

Expectations/Goals

Expectations/Goals

Please describe expectations and goals you would like to see the child accomplish through SLC's programs: