

# RLC ENROLLMENT APPLICATION

TODAY'S DATE \_\_\_\_\_ HOW DID YOU LEARN OF RLC \_\_\_\_\_

STUDENT'S LEGAL NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ CURRENT AGE \_\_\_\_\_

U.S. CITIZEN? \_\_\_\_\_ RACE \_\_\_\_\_ CHILD LIVES WITH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

REASON ENROLLMENT DESIRED AT RLC \_\_\_\_\_

STUDENT'S DIAGNOSIS \_\_\_\_\_ DIAGNOSING DOCTOR \_\_\_\_\_

(Documentation must accompany application)

DOES STUDENT HAVE ANY KNOWN ALLERGIES? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, PLEASE

LIST: \_\_\_\_\_

DOES STUDENT HAVE SEIZURES? \_\_\_\_\_ YES \_\_\_\_\_ NO.

DOES STUDENT REQUIRE MEDICATIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, PLEASE LIST

MEDICATIONS \_\_\_\_\_

PLEASE LIST ANY OTHER MEDICAL INFORMATION \_\_\_\_\_

CURRENT EDUCATIONAL PLACEMENT \_\_\_\_\_

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IF HOME PLACEMENT, HOW MANY HOURS/WEEK ARE PROVIDED \_\_\_\_\_

HAVE YOU, AS PARENTS RECEIVED TRAINING IN APPLIED BEHAVIOR ANALYSIS? \_\_\_\_\_

## LEARNING READINESS

### EYE CONTACT

- \_\_\_\_\_ Makes spontaneous 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 (“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

### 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

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- \_\_\_\_\_ 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**

### FINE MOTOR ACTIVITIES:

- \_\_\_\_\_ Insert puzzles
- \_\_\_\_\_ Strings Beads
- \_\_\_\_\_ Put pegs in 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 bike without training wheels
- \_\_\_\_\_ rollerskates

List other play skills in which child engages: \_\_\_\_\_

## **BEHAVIORS**

Have you ever observed self-stimulatory behavior(s)? (e.g. rocking, hand regard, excessive jumping, spinning, repetitive behaviors) \_\_\_\_\_ Yes \_\_\_\_\_ No. Please describe \_\_\_\_\_

Have you ever observed self-injurious behavior(s)? (e.g. biting, scratching, head banging, head hitting) \_\_\_\_\_ Yes \_\_\_\_\_ No. Please describe \_\_\_\_\_

Have you ever observed aggressive behavior(s)? e.g. hitting, pinching, kicking, biting) \_\_\_\_\_ Yes \_\_\_\_\_ No. Please describe \_\_\_\_\_

Please list your child's likes and dislikes:

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

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

Does the child have an IEP indicating need for services for autism? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please include any other information you wish such as video tape, evaluations, etc.