

Infinite Grace Academy

Office Use Only

App Rec'd: _____

Paid Fee: _____

Tour: _____

Start Date: _____

Application for Admission for Summer Program

Infinite Grace Academy does not discriminate based on gender, race or national origin.

Requested Start Date _____ Session begins June 8, 2009 and goes through August 20, 2009

Requested vacation week _____

Name of Child: _____

(First) (Middle) (Last)

Date of Birth: _____ Male ___ Female

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

Days: Monday through Thursday

(9-3) Full Day

(9-12) Morning

1. Parent / Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

Employer: _____ Title: _____

2. Parent / Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

Employer: _____ Title: _____

What other parent/guardian is 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 persons eligible to pick up your child (your child will not be released to anyone not listed)

1. _____

2. _____

3. _____

Please list emergency contact

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Applicant's Siblings

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

School Last Attended by Applicant: _____

Consultant(s), Speech Therapist, Occupational Therapist, or Other

Organization(s) who have worked with Applicant

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Medical Information

Primary diagnosis: _____ Secondary Diagnosis: _____

Age at Diagnosis: _____ Organization that Diagnosed: _____

Professional who made diagnosis: _____

Please list any allergies: _____

Please list current special diets: _____

Please list any biological interventions:

Intervention Date Started Date Ended _____

Please list current medications:

Medication/Dosage	Frequency of Administration	Will Administration During School be Required	If so, when?	Date Started
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Assessment Information

Has an ABLLS-R been completed? _____ yes _____ no

If yes, what was the date of completion? _____

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 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. _____

Additional Information

Please describe any additional information you would like us to know about your child.

PLEASE NOTE: In order for your child’s experience at Infinite Grace Academy 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.

We also ask that parents contribute at least 10 volunteer hours per month in order to keep our costs down.

THANK YOU FOR YOUR INTEREST!

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

Signed:

PARENT/GUARDIAN: _____ **Date:** _____

PARENT/GUARDIAN: _____ **Date:** _____

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

Infinite Grace Academy

2108 Lewis Turner Blvd.

Fort Walton Beach, Florida 32547

Phone: 850-864-2273 · FAX: 850-862-6270

Email: infinitegrace@cox.net: