

STUDENT INFORMATION:

STUDENT'S NAME: _____

BIRTHDATE: _____

HOME ADDRESS: _____

CURRENT SERVICES/THERAPIES: _____

Names of Therapists and Providers: _____

CURRENT DIAGNOSIS (if any): _____

MEDICATION NEEDS TO BE GIVEN BY STAFF & DOSAGE (if any): _____

Contact Information for Prescribing Doctor: _____

STUDENT STRENGTHS: _____

STUDENT AREAS OF NEED: _____

PARENT INFORMATION:

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS: _____

EMPLOYER & POSITION: _____

EMAIL: _____

PHONE NUMBER: _____

PERSONAL STATEMENT OF YOUR CHILD:

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS: _____

EMPLOYER & POSITION: _____

EMAIL: _____

PHONE NUMBER: _____

PERSONAL STATEMENT OF YOUR CHILD:

STUDENT SOCIAL ABILITIES: for social skills summer camp only

Please rate your child's abilities on a scale of 1-5.

1: Severe Area of Need 2: Area of Need 3: Area of Concern 4: Sometimes an Area of Concern 5: Not an Area of Concern

Listening		Controlling Impulses	
Making Eye Contact		Flexible with Sudden Changes	
Reading Facial Expressions		Transitions	
Reading Body Language		Personal Problem Solving	
Participating in a Small Group		Adapting to New Situations	
Participating in a Large Group		Initiating play	
Asking For Help		Joining in on play	
Understanding Other Feelings		Interest in friendships	
Understanding One's Actions Affect Others		Back and Forth Conversations	
Showing Empathy		Play Skills	
Understanding Personal Space		Expressing Emotions	

PERSONAL STATEMENT ON STUDENTS SOCIAL SKILLS/ RELATIONSHIPS:

Social Skills Summer Camp
at All Children Academics

TIME: 9:00-1:00

\$600 a week, \$50 discount if you sign up for both weeks.

Please mark the box for the summer camp your child will be attending.

- Week 1: June 19th-June 23rd
- Week 2: June 26th-June 30th

Academic Boot Camp: Kinder and 1st grade only

- July 31st-August 4th

Due:

- ✓ \$100 Non-refundable deposit, that will be applied to your first week.
- ✓ Enrollment Application
- ✓ Behavior Support Plan, Speech, OT & Social Pragmatic goals
- ✓ Date_____ parent/director phone consultation and goal setting
- ✓ Date_____ student/director meet and greet

In addition: ACADEMIC BOOT CAMP ONLY

- ✓ Most recent report card
- ✓ Most recent IEP

Student:_____

Deposit Received and Check #_____

