

Application for Admission

The Helping House does not discriminate based on gender, race or national origin.

Date: _____

Applicant Information:

Name of child: _____
First Middle Last

Date of birth: _____ Male
_____ Female

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

Parent/ Legal Guardian Information:

Name: _____
First Middle Last

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____
Cell Phone: _____
Email: _____
Employer: _____ Occupation: _____

Name: _____
First Middle Last

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____
Cell Phone: _____
Email: _____
Employer: _____ Occupation: _____

What other parent/guardians are 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:

Applicant's Siblings

Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____

School last attended by applicant:

Name: _____
Address: _____
Phone: _____
Primary teacher's name: _____
Primary teacher's email: _____

Consultants who have worked with the applicant:

Name: _____
Position: _____
Phone: _____

Name: _____
Position: _____
Phone: _____

Name: _____
Position: _____
Phone: _____

Name: _____
Position: _____
Phone: _____

Name: _____
Position: _____
Phone: _____

Name: _____
Position: _____
Phone: _____

Medical Information

Primary diagnosis: _____

Age at diagnosis: _____

Organization that diagnosed: _____

Professional who made 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	Observations

Please list current medications:

Medication	Dose/Frequency	Date started	Indication

Primary Care Physician: _____

Telephone number: _____

Educational Information

Does your child currently have a home program? If so, please describe the type of program, the frequency of the sessions, and individuals involved.

Please describe your child's current functional communication system.

Please describe your child's current cooperation in teaching situations. What reinforcers are used? How many responses are required before using a reinforcer? Does the student work at a table, desk or on the floor?

Please describe your child's current receptive repertoire. (i.e. Looks in response to name, follows one or two step directives, chooses correct item when asked, etc.)

Please describe your child's current ability to imitate movement.

Please describe your child's current vocal imitation.

Please describe how your child currently requests (mands) for desired items, activities, actions, attention, information, and stopping undesired activities.

Please describe your child's current labeling (tacting) repertoire. (i.e. Will your child name objects in the environment when asked "what is it?")

Reinforcers

What items are most motivating to your child?

Visual (tv/movies, computer, video games, wind up toys, tops, spinners, light up toys, picture books, balloons, glittery/shiny items, lights, etc.)

Auditory (music, whistles, instruments, singing, books/toys with sound)

Tactile (squishy balls, lotion, sand, rice, shaving cream, play-doh, clay, water, tearing paper, bean bags, bubble wrap, finger painting, etc.)

Kinetic/movement (trampolines, exercise balls, rolling, spinning, jumping, running, rocking, climbing, etc.)

General Behavior Questions

What items does your child dislike? (loud noises, swinging, hugs, etc.)

Does your child accept "no" when he cannot have a desired item/activity at the time it is desired? Please describe your child's reaction when told "no."

Are you able to remove reinforcing items/activities in public? Please explain.

Does your child wait appropriately? Please explain.

Does your child comply when given directives? Please explain.

List positive behaviors that your child demonstrates that you would like to increase.

List behaviors that your child demonstrates that you would like to decrease.

Toileting

Please check those skills that currently apply to your child:

- uses the restroom completely independently
- uses the restroom with dressing/wiping assistance
- indicates need to use the restroom
- uses the restroom when prompted
- demonstrates no interest in toileting

Is your child on a toileting schedule? Please explain.

If your child is not toilet trained, is this something you would like to address?

Eating

Does your child eat a variety of food? yes no

If no, what foods does your child eat?

Is this something you would like to address? Please explain.

Sleeping

Does your child have difficulty sleeping through the night? Please explain.

Does your child nap on a regular basis? Please explain.

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 _____

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

Thank you for your interest in The Helping House!

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

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please send the completed application to:

The Helping House
P.O. Box 631513
Nacogdoches, TX 75963-1513

The Helping House is a non-profit 501 (c) (3) corporation.