

# **Gulf Coast School for Autism**

## **ENROLLMENT PACKAGE**

Student's Name \_\_\_\_\_

**Family Information**

(1) Parent / Guardian Name: \_\_\_\_\_  
*First Middle Last Relation to Child*

Home Address: \_\_\_\_\_  
*Address City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(2) Parent / Guardian Name: \_\_\_\_\_  
*First Middle Last Relation to Child*

Home Address: \_\_\_\_\_  
*Address City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Parent/Guardian Social (For McKay Scholarship Usage):**

Sibling Name: \_\_\_\_\_  
*First Middle Last Relation to Child Age*

Sibling Name: \_\_\_\_\_  
*First Middle Last Relation to Child Age*

Sibling Name: \_\_\_\_\_  
*First Middle Last Relation to Child Age*

**Student Information**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Sex: M F **Social Security Number:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Address City State Zip*

Student's Primary Diagnosis: \_\_\_\_\_ When was diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ When was diagnosis: \_\_\_\_\_

Other Diagnosis: \_\_\_\_\_ When was diagnosis: \_\_\_\_\_

Other Diagnosis: \_\_\_\_\_ When was diagnosis: \_\_\_\_\_

**Medical Information**

Is the student currently on any medications? YES NO

If YES, please list medications below:

Type of Medication	Dosage	Administration Time	Purpose

Have there been any recent changes in medications? YES NO

If YES Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been admitted to a hospital or treatment center? YES NO

If YES Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any medical conditions to consider when delivering ABA services? YES NO

If YES Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any other medical treatment interventions? YES NO

If YES Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Student's Primary Physician: \_\_\_\_\_ From: \_\_\_\_\_

**Educational and Therapy Information**

Please list the services the student is **currently** receiving (or the last attended):

Public School (K – 12) County: \_\_\_\_\_ Name of School: \_\_\_\_\_  
 Grade: \_\_\_\_\_ ESE Has current IEP  
 Services: OT PT Speech Other: \_\_\_\_\_

Private School County: \_\_\_\_\_ Name of School: \_\_\_\_\_  
 Grade: \_\_\_\_\_ ESE Has current IEP  
 Services: OT PT Speech Other: \_\_\_\_\_

Pre-School or Daycare Name of Program: \_\_\_\_\_

Home School Provided by School Provided by Therapist Provided by Parents

Early Intervention Program Services: \_\_\_\_\_

Other Therapies or Previous Services: \_\_\_\_\_

## Functional Behavioral Assessment

Please list the student's behaviors that interfere with learning or make them less successful at home:

Attention Seeking Behaviors	Noncompliance	Whine / Cry / Yelling
Physical Aggression	Self Injurious Behaviors	Property Destruction
Self Stimulatory Behaviors	Throwing / Dumping Objects	Elopement / Running Away

Please describe these behaviors: \_\_\_\_\_

\_\_\_\_\_

Please describe the frequency of these behaviors (*How many times per day or per week etc.*):

Are there situations where the behavior is most likely to occur? \_\_\_\_\_

Are there situations where the behavior is least likely to occur? \_\_\_\_\_

How are you currently dealing with the behaviors now? \_\_\_\_\_

Please answer the following questions regarding student's problem behaviors:

1. Does the problem behavior occur when the student is not receiving attention or when caregivers are paying attention to others?	Yes	No	N/A	12. Is the problem <u>less</u> likely to occur when sensory stimulation activities are presented?	Yes	No	N/A
2. Does the problem behavior occur when the student's request for preferred items or activities are denied or taken away?	Yes	No	N/A	13. Is the problem behavior cyclical, occurring for several days and then stopping?	Yes	No	N/A
3. When the problem behavior occurs do caregivers usually try to calm down the student or involve student in preferred activity?	Yes	No	N/A	14. Does the student have recurring painful conditions such as ear infection or allergies? Please explain: _____	Yes	No	N/A
4. Is the student usually well behaved when getting lots of attention or when preferred activities are available?	Yes	No	N/A	15. Is the problem behavior more likely to occur when the student is ill or not feeling well?	Yes	No	N/A
5. Does the student usually fuss or resist when asked to perform a task or participate in an activity?	Yes	No	N/A	16. If the student is experiencing physical problems and these are treated, does the problem behavior usually go away?	Yes	No	N/A
6. Does the problem behavior occur when the student	Yes	No	N/A				

6. Does the problem behavior occur when the student is asked to perform tasks or to participate in activities?	Yes	No
	N/A	
7. If the problem behavior occurs while tasks are being presented, is the student usually given a "break" from the task or activity?	Yes	No
	N/A	
8. Is the student usually well behaved when not required to do any tasks or activities?	Yes	No
	N/A	
9. Does the problem behavior occur when no one is nearby or watching?	Yes	No
	N/A	
10. Does the student engage in the behaviors even when preferred leisure activities are available?	Yes	No
	N/A	
11. Does the problem behavior appear to be a form of the student providing "self stimulation"?	Yes	No
	N/A	

**Student Learning Level Assessment**

Please complete the following assessment of your child's current learning level. Please circle the number that best describes your child's current level for that area. You may also provide additional comments in the space provided.

<b>Scoring Summary</b>				
Circle the number of each question that was answered "Yes" and enter the number of items circled in the "Total" Column.				
<u>Items Circled "Yes"</u>		<u>Total</u>	<u>Potential Source of R+</u>	
1	2	3	4	_____ Social Attention/Preferred Items
5	6	7	8	_____ Social Escape Tasks/Activities
9	10	11	12	_____ Automatic Sensory Stimulation
13	14	15	16	_____ Automatic Pain Attenuation
<p>Questions regarding students problem behavior are acquired from the FAST (Functional Analysis Screening Tool) from The Florida Center on Self-Injury.</p>				

**1. Cooperation in Instruction:**

1. Always avoids work and is uncooperative with adults
2. Will look at reinforcing or common items when presented
3. Will allow reinforcing items to be removed
4. Will do 1 brief response for powerful reinforcement
5. Has multiple items or activities that act as reinforcement
6. Can engage in 5 responses without escape behaviors
7. Can work for 1 minute without escape behaviors
8. Can work for 5 minutes without escape behaviors
9. Can work for 10 minutes without escape behaviors
10. Task completion serves as reinforcement for work

comments: \_\_\_\_\_

**3. Imitation Skills:**

1. No imitation of other's motor movements
2. Motor imitation using objects such as a car or other toy
3. Motor imitation of gross motor movements
4. Motor imitation of arm and hand movements
5. Motor imitation of foot and leg movements
6. Motor imitation of head movements
7. Motor imitation of mouth or tongue movements
8. Imitates the speed of a motor movement
9. Motor imitation of fine motor movements
10. Imitation of a sequence of actions

comments: \_\_\_\_\_

**5. Requesting for Items or Activities:**

1. Only engages in inappropriate behavior to indicate needs
2. Will pull, drag or point to indicate desired items or activities
3. Can appropriately request for 2-3 items with many prompts
4. Can request for many items or activities with prompts
5. Readily and reliably request when asked *what do you want*
6. Spontaneously request for many items with one word
7. Requests for many items/activities with 2-3 word phrase
8. Often request for items/activities using a full sentence
9. Request for information using Who, What, Where etc.
10. Request using adjectives, prepositions, pronouns etc.

comments: \_\_\_\_\_

**7. Responding Conversationally:**

1. Cannot fill-in words from simple songs or phrases
2. Can fill-in a few words from simple songs or phrases
3. Answers some simple questions about self; name, age etc.
4. Can fill-in items when told it's features or functions
5. Can state the class of items like furniture, food etc.
6. Can answer some questions like Who, What, Where etc.
7. Answers Can, Do, Does, Will questions with Yes and No
8. Can answer some questions about future or past events
9. Can answer many academic questions
10. Maintains a conversation with adults

comments: \_\_\_\_\_

**9. Academic Skills:**

1. Cannot identify any letters or numbers
2. Can identify some letters
3. Can identify some numbers
4. Can write some approximation of letters and/or numbers
5. Can identify all letters
6. Can identify all numbers 1-20
7. Can identify some sounds of some letters
8. Can read some simple words
9. Can spell some simple words
10. Can read fluently, spell words and add some numbers

comments: \_\_\_\_\_

**2. Receptive Language:**

1. Shows little to no receptive understanding of others
2. Is selective in receptive compliance to others
3. Will follow instruction to do reinforcing activity
4. Will follow instruction to do simple action (Sit down. etc.)
5. Follows instruction related to daily activities
6. Will receptively identify items by pointing to them
7. Will receptively identify items from an array of items
8. Receptively identifies body parts
9. Can select items when told the feature, function or class
10. Follows a multiple component sequence of instruction

comments: \_\_\_\_\_

**4. Vocal Response:**

1. Makes little to no vocal sounds
2. Makes just a few speech sounds
3. Will sometimes say an approximation of a couple of words
4. Can imitate some basic sounds reliability when requested
5. Can imitate consonant or vowel blends when requested
6. Imitates some approximation of words when requested
7. Can imitate any word clearly when requested
8. Can imitate 2-word combinations when requested
9. Can imitate any phrase when requested
10. Can imitate varying intonations and prosody

comments: \_\_\_\_\_

**6. Labeling Items or Properties:**

1. Cannot label items using a sign or a vocal response
2. Can label some reinforcing items
3. Can label some common items
4. Can label some people
5. Can label some actions
6. Can label some colors or other adjectives
7. Can label some body parts
8. Can label some items using yes and no
9. Can label items, events and properties using a sentence
10. Can label emotions of self and others

comments: \_\_\_\_\_

**8. Social Interactions:**

1. Makes little to no attempt to interact with others
2. Is appropriate when near siblings or peers
3. Shows interest in the behaviors of others
4. Approaches and attempts to interact with others
5. Will make good eye contact only with some people
6. Makes good eye contact sometimes with adults and peers
7. Will reliably return greeting to others
8. Will reliably initiate greeting to others
9. Will give up items or wait turn only with adults
10. Will take turns and give items when interacting with peers

comments: \_\_\_\_\_

**10. Independent Functioning Skills:**

1. Is not toilet trained and is in diapers
2. Needs assistance in dressing and grooming
3. Needs assistance in feeding self
4. Can eat some finger foods by self
5. Can use spoon and/or fork with some assistance
6. Can independently feed self
7. Can stay dry if taken on a schedule to the toilet
8. Can spontaneously request to use the toilet
9. Can independently use the restroom
10. Can independently dress and groom self

comments: \_\_\_\_\_

## Student Learning Level Chart

Please fill in the chart below based on the Student Learning Level Assessment found on the prior page.

10										
9										
8										
7										
6										
5										
4										
3										
2										
1										
	<i>Cooperation</i>	<i>Receptive</i>	<i>Imitation</i>	<i>Vocal</i>	<i>Request</i>	<i>Labeling</i>	<i>Conversation</i>	<i>Social</i>	<i>Academic</i>	<i>Ind. F(x)</i>

## Student Reinforcement Inventory

Please list the items and activities that appear to be preferred by the student.

Preferred Edible Items (foods/snacks): \_\_\_\_\_

\_\_\_\_\_

Preferred Drinks: \_\_\_\_\_

Preferred Video or Music: \_\_\_\_\_

\_\_\_\_\_

Preferred Games or Toys: \_\_\_\_\_

\_\_\_\_\_

Preferred Indoor Activities: \_\_\_\_\_

\_\_\_\_\_

Preferred Outdoor Activities: \_\_\_\_\_

\_\_\_\_\_

Preferred Places to Visit: \_\_\_\_\_

\_\_\_\_\_

What does student spend most of free time at home doing? \_\_\_\_\_

\_\_\_\_\_

What does student find reinforcing about current educational environment? \_\_\_\_\_

### **Student Narrative**

Please provide some background information about student and his/her current functioning, cooperation, learning level, educational development, social development, and ability to communicate with others. Please include the student's strengths along with his/her deficit areas.

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### **Expectations**

Please provide some of your expectations for your child for his/her growth and development.

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### **Supplemental Information**

Please provide additional information enclosed or attached to this Enrollment Package.

Students current or most recent Individual Education Plan



Other Psychological or Educational Evaluations

Other applicable Medical Evaluations